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## ORIGINAL DEPARTMENT.

### LECTURES.

#### Lectures on Orthopædic Surgery.

Delivered at the Brooklyn Medical and Surgical Institute.

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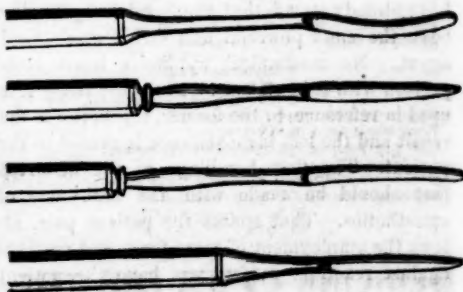
These rules are to be so modified as to leave the extremity in the same position, until the tenotome is introduced and has arrived opposite the tendon, if it should be intended to divide the latter from without, otherwise the tension must be kept up until the operation is finished. The extremity is then reduced to its original malposition. The wound must be carefully closed and covered with a piece of adhesive plaster, and the parts kept at rest. We use for the latter purpose a leather splint previously softened in warm water, which we fasten with an ordinary roller. In this state the extremity may be left for three or four days before the after-treatment is commenced. This plan has the advantage of insuring a perfect closure of the wound, and there is no danger of air entering when the parts are subsequently handled. Nor is this apparent delay a real loss of time, inasmuch as the reparative process does not usually commence before the fifth day. If, at the end of that time, the wound be found properly closed, we place the patient once more under the influence of chloroform, and by main force reduce the malposition as far as it can be safely done. In breaking up some adhesions or in tearing some ligaments we risk nothing, since the anaesthesia seems to protect against reactive consequences.

The requirements for the operation are three or four small, narrow-bladed knives, sponges, water,

adhesive plaster, a piece of harness leather, and a roller.

The knives have been differently constructed. Some surgeons prefer the sickle-formed, others the straight blades. We use chiefly the latter. A strongly bent sickle-formed blade is certainly not desirable, and a too long and pointed blade is apt to perforate the skin on the opposite side from whence introduced. The tenotomes which we have adopted, and which we now exhibit, have square handles three and three-quarter inches in length, and about as large in size as an ordinary penholder. The knives are of the best English cast-steel, well tempered, narrow but substantial. The neck is one inch and the blade one and one-eighth in length. Some of the tenotomes should be finely pointed; the others may be blunt. We have in our set straight and convex ones, Fig. 14. The last we use for the

Fig. 14.



division of tendons or muscles from without. Blunt-pointed tenotomes we use for special purposes, in order to ferret out more safely deeper-seated tendons or muscles.

Having the extremity placed as directed, and under the control of an assistant, take the tenotome like a pen and insert rectangulary the point through the skin about a line or so from

the margin of the tendon or muscle, the surface of the blade being parallel with their longitudinal axis, until you arrive to the depth of the posterior surface of the same. You then recline the handle and push the knife behind the tendon or muscle until you feel the point on the opposite side through the integuments. The knife is then so rotated as to turn its cutting edge toward the structure to be divided, and by short, sawing cuts, but more by pressure, it is to be thus severed. In the moment that the last fibers yield to the knife, the resistance ceases, and with it the peculiar sound that attends it, or, at any rate, that which is heard in the division of a tendon. Having become satisfied that the operation is complete, the knife is to be withdrawn in the same manner as introduced. Otherwise, it is turned against the remaining undivided fascicles and pressed through. For novices, it might be advisable to make the punctured wound through the skin first, and then to use a blunt-pointed knife for the division, which obviates the splitting of the structures. The index finger of the left hand of the operator should then sweep along the subcutaneous wound, with a view to squeeze out air and blood, and to compress the two edges until covered.

The operation thus described necessitates some modifications in certain places, which we shall mention when we speak of the special application, and exemplify them by the operations upon subjects.

*The Mechanical Treatment of Talipes.*—We have already stated that the hand is by far the best, the most powerful and direct mechanical agent. No mechanical appliance bears comparison with it in efficacy. The more freely it is used in reference to the former, the better is the result and the less inconvenience is caused to the patient. The first handlings of the distorted foot should be made with the assistance of anæsthetics. That spares the patient pain, allows the employment of more force, and protects against reaction. After you have the patient thus prepared, you take firm hold of the leg with one hand and the foot with the other, and by main force you correct the position by bending the foot into the reverse one from that into which it was drawn by the contracted muscles. If you intend to diminish the longitudinal plantar arch, you hold the heel with one and the forefoot with the other hand, and while you thus extend the arch you press with the two thumbs the

protruding bones down. In a similar manner you may proceed in reducing the transversal arch, with only this difference, that you press upon the most convex part of the external margin of the foot. These are the general rules for handling talipes, and may be repeated as long as the anæsthesia lasts, or as may be deemed safe and practicable. After a violent proceeding of this kind it may be advisable to allow the member some rest, and to apply cold fomentation for a day or so in order to obviate inflammation; although we have seldom had occasion to resort to them. At a later period, and when the malposition of the bones shows some disposition to yield to the treatment, milder exercises may be made daily once or twice without chloroform, until the malposition is overcome, and every joint moves with ease and normality.

*Mechanical Appliances in Talipes.*—Much constructive genius has been employed by both surgeons and instrument makers to create mechanical means, combining traction and pressure, with a view of reducing both malposition and distortion of talipes. At a time when the proximate cause of talipes was obscure, and the bones of the foot were supposed to be originally malformed, pressure was diligently applied, and mechanical appliances were of the utmost importance. Almost every surgeon had his own designs, and if we had to reproduce them on this occasion, the various instruments of this kind would fill a large space of this lecture-room. But surgery, and, with it, surgical operations and mechanical remedies, have become more simplified. And in orthopædy, tenotomy has greatly tended toward that end. Nevertheless, we are still in need of mechanical means to reduce talipes, yet with this qualification, that they are no more the chief but merely subordinate and auxiliary remedies, and intended to perpetuate the action of the hand. *They possess no positive curative virtues, but retain the foot in the position in which tenotomy and the acting hand left it.* Their effect is greatly enhanced by the weight of the body and the motion of the joints.

Whatever the construction of those mechanical appliances may be to which we resort in the treatment of talipes, they should possess the following qualities:—

1. They should fit well, and most accurately conform to the shape of the member.
2. Their respective joints should be exactly

located with the *axis of the motion* of the joints they are to subserve.

3. Their action should be diametrically opposite the traction of the divided muscles, tending to a reverse form and position.

4. Their action should be steady, and, while applied, uninterrupted.

5. They should keep the foot firmly upon the sole of the shoe, and should not permit the heel to rise from its place.

A mechanical apparatus with these qualities will fulfill its object, whatever its construction may be.

#### *Special Treatment of Talipes.*

(1) *Talipes Equinus*.—In the pathology of this deformity we have stated that its proximate cause may consist:—

1st. In a paralysis of the flexor muscles and a mere preponderance of the extensors.

2d. In an active contraction of either the triceps alone, or of the entire group of extensors.

In the former condition, we are able to flex the foot by substituting the hand. These cases are comparatively rare, and if they have commenced as a paralysis of the flexors, they most generally, and in course of time, terminate in active contractions of the extensors, and become therefore identified with the active forms of equinus. In both conditions, however, the growth of the entire extremity is arrested and its length materially diminished.

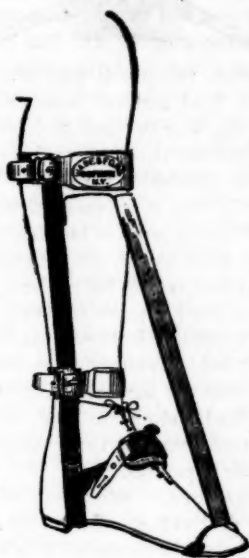
Before attempting to remedy the deformity, we have to consider the present locomotion of the patient and the changes that would inevitably be produced by the correction of the deformity.

If the deformity be just enough to add to the lost length of the extremity, and renders locomotion perfect, we have no feasible pretext to interfere, in any way, with the trouble—for the deformity is, certainly, the lesser evil, and the usefulness of the limb the higher consideration. On this very ground we have refused to treat such cases. In recent cases, however, we may undertake the treatment with a view to promote the growth of the extremity, and to accomplish, likewise, a perfect cure of the deformity.

If, therefore, a case of equinus is presented with a paralysis of the flexors, we should at once enter upon the treatment of the paralysis according to the general rules we have previously suggested. Next, we should provide the foot with an apparatus, in which the action of the flexor

muscles is subsisted by elastic bands, sufficiently strong to balance the extensors. Such an apparatus you see before you, Fig. 15. It consists in

Fig. 15.



a strong shoe, with an iron sole. From the latter, braces arise on either side of the leg, and extend to the knee-joint. At the ankle there are joints which should easily move, and exactly correspond with the axis of motion of the articulation. These braces have two bands, one below the knee-joint, and one above the ankle, to fasten around the leg. At the anterior part of the sole an iron arch should be movably fastened over the foot, and a similar one at the upper portion of the brace. Between the two a piece of India-rubber should be so fastened as to flex the foot. This apparatus will suffice for a mild case. But when the resistance of the extensor muscles is considerable, the heel will leave its place, and thereby defeat the object. In order to prevent this, a leather strap was formerly employed across the instep to keep the heel down. This is a very improper arrangement; for it is inefficient, and interferes with the circulation to such an extent as to become unbearable. In order to obviate the latter inconvenience, and render the action effective, we have constructed a double screw on the principle of the tourniquet, Fig. 16, which we fasten by leather straps to horizontal side pieces affixed to the brace below the ankle.

joint. We look upon this contrivance as exceedingly useful, and almost indispensable in most

Fig. 16.



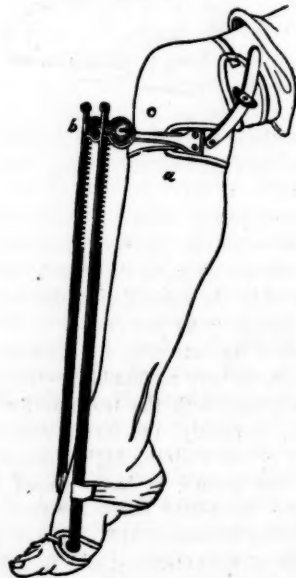
forms of talipes, because it does away with the rising of the heel, with the interference in the circulation, and may be profitably employed for permanent pressure upon the dorsum of the foot with a view of diminishing the plantar arch. The lower plate of this contrivance should be well padded, and the pressure to be exercised should be regulated so as not to become excessive. If the skin becomes red by the pressure, it should be shifted to another place to obviate excoriation. This apparatus is, in our humble opinion, the best that has been hitherto constructed. The specimen before you has been made by Messrs. Wade and Ford, Fulton St., N. Y., who are certainly very proficient and commendable makers of orthopædic apparatus.

In the active form of talipes equinus, in which you have to deal with active contractions of the extensor muscles, the treatment is to be initiated by tenotomy. The operation is the more effective the earlier it is performed. We have had cases under our charge which have been so completely relieved by the section of the Achilles tendon that, after years, not the slightest trace of the previous deformity could be perceived, the limb having grown as its fellow. If the triceps be alone contracted, the Achilles tendon should be divided at a place from three-fourths of an inch to one inch and a quarter above its insertion—the exact place in accordance with the length of the tendon.

If all the flexors be contracted, the entire group should be divided at the same time. It will be recollected that the tibialis posterior muscle is located immediately behind the internal angle and the malleolus of the tibia; that its tendon at the malleolus lies in a groove, and surrounded by a sheath, and covered in by the aponeurosis of the leg. On account of this anatomical relation, it is somewhat difficult to get the tendon upon the knife. In order to divide it successfully, we proceed as follows: About an inch or a little more above the internal malleolus, we insert a sharp-pointed tenotome through the skin and aponeurosis close to the internal angle of the tibia, and by inclining the

handle we enlarge the opening through the aponeurosis. After having withdrawn the knife, we introduce into the wound a blunt-pointed tenotome. We keep it near the bone, and push it between the tendon and the latter. During this part of the operation, the foot is to be left in its original malposition. Having become convinced that the knife has arrived at a proper depth and the tendon successfully placed upon it, we direct our assistant to flex and abduct the foot, and while this is done the cutting edge of the knife is turned toward the tendon and the latter divided. The grating, its sudden cessation, and the yielding of the foot toward abduction are the evidences of a successful division. Otherwise we have to make the operation complete by renewed attempts at catching the rest of the tendon. The posterior tibial artery lies very rarely near the place which we have chosen for the operation, and there is therefore no great danger of wounding this vessel. Graduated compression against the tibia will meet the exigency if the artery be cut.

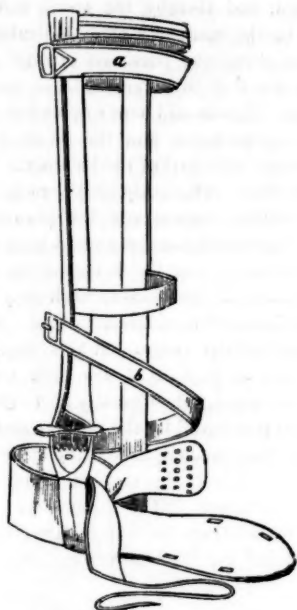
Fig. 17.



The anatomical location of the two posterior peronei muscles alongside of and behind the fibula, is somewhat similar to that of the posterior tibialis, but their tendons are much more accessible, and therefore more easily to be divided. In reference to the after-treatment, we

have little to add. The instrument just described will suffice. The diagrams on exhibition are the apparatus used by Delpech, Fig. 17, and Scutetten, Fig. 18.

Fig. 18.



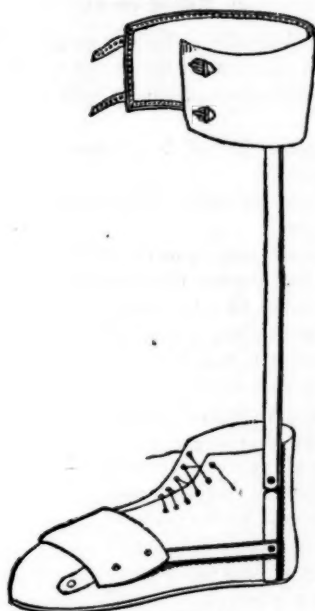
The complications of talipes equinus which occasionally present themselves are, contractions of the extensor longus pollicis, tibialis anticus, and peroneus tertius. The first is the more usual complication, mostly requiring the division of the corresponding tendon. The most accessible places for reaching the tendon for the operation are in front of the ankle-joint, where the tendon lies between the tibialis anticus and the long extensor of the toes, and next behind the capitulum of the first metatarsal bone. No peculiar difficulties attending the operation at either place, we refer to the general directions on tenotomy.

If the tibialis anticus be contracted, the foot is more or less inverted thereby, and the deformity is thus produced which is known by the appellation equino-varus. In such a case, the tibialis anticus is likewise to be divided. The tendon of this muscle descends nearest to the internal malleolus, and can be rendered tense by eversion of the foot. The operation itself is performed immediately below the ankle-joint, and requires no special direction.

The most satisfactory results have been accom-

plished by us, in first dividing the tibialis muscle and reducing the distortion to the simple form of equinus. We affix to the outside of the leg and foot a straight and well-padded splint, by means of which we draw the foot over to the outer side. In this position we keep it until it has lost all disposition to inversion, and then we proceed with the division of the extensor muscles. During the after-treatment of equino-varus, Scarpa's shoe, as improved by Stromeyer, Fig. 19, should be

Fig. 19.



worn by the patient, and in these lighter cases it will be found beneficial. This apparatus may be greatly improved by combining it with the elastic straps and our double screw for the dorsum of the foot. The latter is the more indispensable if the plantar arch be found abnormally increased.

The contraction of the peroneus tertius will evert the foot and present thereby the complicated form of equino-valgus with more or less the attributes of flat-foot. Inasmuch as we have to devote our attention more especially to this subject hereafter, we beg leave to reserve our opinion at this place, only remarking that the modification in the treatment can be readily inferred.

In fine, if a case of simple equinus be disqualified for operation for reasons already assigned,

and should need an apparatus for concealment, it may be well to acquaint you with our device. We procure a wedge-shaped piece of cork of sufficient thickness behind to fill the distance between the heel and the floor; over this we have the measure of the foot taken and a boot made that has to receive the cork inside, or it may be worked in as a part of the sole. This furnishes a boot which is not so unsightly as the deformity, and with which the patient is enabled to walk with ease and facility.

## 2. *Talipes varus.*

In this deformity we have to grapple with—

- 1st. Contractions of the triceps muscles;
- 2d. Contractions of one or both tibialis muscles;
- 3d. Contractions of the plantar muscles; and, occasionally,
- 4th. Contractions of either flexors or extensors of the toes.

Before entering upon the treatment of varus, we will first discuss the important question as to the proper time to commence it. Inasmuch as by far the larger proportion of varus is of congenital nature, it is consequently noticed immediately after birth. It will be well to test at once the pathological character of the deformity. If the latter should prove to be simple malposition of the foot, and simply caused by the previous position in utero, it will be well to reduce it forthwith, and to keep it adjusted in a proper position for some days. Leather, or gutta-percha splints, as Post uses, are to be so moulded to the extremity as to embrace both sides of the leg and foot.

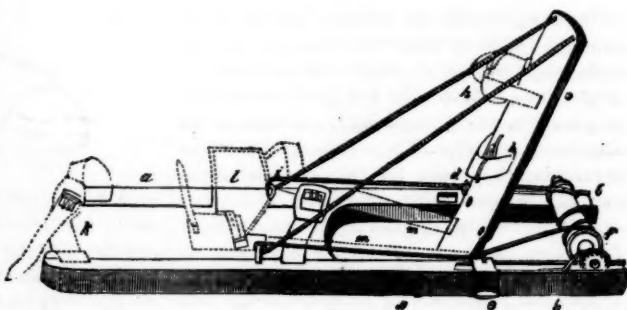
If, however, the cause of club-foot be found to consist in muscular contractions, the application of splints would be futile. Tenotomy alone can give relief. The proper time to perform that operation is at the end of the first year, when the principal part of teething has passed, and the patient evinces some disposition to stand and walk. Locomotion and standing upon the deformed foot being both favorable to the malformation of the tarsal bones, and therefore highly prejudicial, should not be permitted under any circumstance.

In proceeding with the operation, the general

state of health of the child should be good, otherwise the wound might suppurate and thereby peril the final result. The operative treatment of varus should be divided into two parts. At first, the contracted tibialis muscles should be divided, and thereby the varus reduced to equinus, in the manner already indicated. This treatment should be persisted in until the tendency of the foot to inversion is, in great part, overcome. This is still more necessary in varus than in equino-varus, and the result is always satisfactory if this part of the treatment has been extended over a sufficiently long period. Secondly, the Achillis tendon and the plantar fascia with its contracted muscles should be simultaneously divided, because the flexion of the foot and the extension of the plantar arch may be combined by the same mechanical agents. Whether the tendons of the contracted toes may be likewise divided at that or at any later time, is of little consequence. Most usually an undue flexion of the toes is relieved by the plantar section.

Having thus accomplished the relief of the entire contractions, the manipulations and mechanical treatment fairly commence. We exhibit in this diagram the clumsy apparatus used by Stromeyer, Fig. 20, which is still employed by

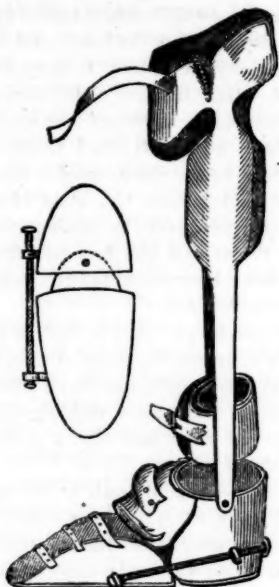
Fig. 20.



some surgeons. We cannot advocate its application (although it has pretty nearly all the actions of a good apparatus) for the reason that it is too heavy, that it allows of no fine regulations, and that it obliges the patient to remain at rest. In infants that are to be carried about, it is absolutely impracticable. Stromeyer's improvement of Scarpa's shoe is likewise inefficient. The second boot of Scarpa, Fig. 21, in which the front part of the sole can be turned and regulated by a screw, is somewhat better, yet its action

does not comply with all the indications in the mechanical treatment of varus. In using the latter apparatus the whole leg is turned; but the malformation of the foot is scarcely influenced.

Fig. 21.



In fact, among all the existing apparatus for club-foot, there is none that combines all the mechanical actions required. Doctor Ross', of Altona, is comparatively the best, and its construction clearly indicates that the inventor has penetrated the mechanical difficulties in varus, yet it is still imperfect, and deprives the patient of locomotion.

*To be continued.*

*Scientific Explorations.*—The Swedish government last year sent a scientific expedition to Spitzbergen. It has just returned to Troruss, whence it started, after having accomplished its mission very satisfactorily in spite of the extreme rigor of the weather. The old maps have been corrected; fresh ports have been discovered; and numerous experiments made which have thrown fresh light on meteorology and natural history. It has been ascertained that animal and vegetable life exists in the sea at a depth of 2500 yards, and that the great current of the Atlantic Ocean, known by the name of the Gulf Stream, reaches as far as the coast of Spitzbergen, pieces of broken wood, bottles, etc., having been found there.—*Dublin Medical Press.*

## COMMUNICATIONS.

### Report of Three Cases of Otitis Interna successfully treated.

By LAURENCE TURNBULL, M.D.,  
Aural Surgeon to the Howard Hospital, etc.

CASE 1st.—Martin F., aged seven years, a robust boy, but of a tuberculous family, was attacked with scarlet fever, February 25th, 1858; when visited by the writer the eruption was well developed, and the case required no special treatment. On the decline of the fever and eruption he was exposed to cold, which was followed by anasarca and external otitis; the dropsical symptoms were relieved by free purgation and iodide of potassium; while the diseased ear was treated by leeching and counter-irritation. He was discharged well on the 15th day of March. Was called to see the boy again on the 27th day of March, in great haste, owing to intense pain and swelling, which had occurred behind the ear. On examination, it was found that the pain and swelling, with the giddiness, indicated a case of internal otitis; and the swelling over the mastoid process pointed out that its cells were involved; there was no discharge from the external meatus. He was freely leeches, and anodynes given. On the 28th the swelling was on the increase, and extending to the face and eyes, with symptoms of convulsions. It was then proposed to cut down to the bone, dividing the periosteum, as the only means of relief, to which the mother consented. I, therefore, with a scalpel, made an incision about an inch long behind the ear, and as near as possible parallel with the concha; as the ear was, at this time, almost horizontal, a profuse gush of blood followed, mixed with imperfectly formed pus, and the wound continued to bleed for three days; the pain was much relieved, and by the use of small doses of morphia he was able to sleep, which he had not done since the 27th. A poultice was not applied until the third night, and by the fourth pus flowed freely, which was encouraged; but by the end of the third week the wound had almost closed. A blister was then applied, which opened the wound again, and it continued to discharge for four weeks longer, when it was allowed to close.

January, 1862.—The boy is now eleven years of age, and has enjoyed good health since, being able to be out in all weather; is bright and intelligent, and is at school; his hearing in the left

ear is very fair; his right ear good. Over the mastoid cells there is a depression, of a bluish color, from loss of bone.

In the same neighborhood there is a boy, James R., aged five years, who had a similar swelling after an attack of scarlet fever; it opened of itself after long poulticing, and continued to discharge from the back of the ear for over a year; it then ceased, leaving a deep depression behind the ear, with loss of hearing, the boy being imbecile, and cannot articulate properly.

CASE 2d.—Mrs. D., aged thirty-five, applied at the Howard Hospital, July, 1860; she had suffered for three weeks with great pain in the ear and head, with giddiness, the result of cold; she had employed all the usual remedies without relief.

*Present condition.*—There is deafness of right ear, great heat, redness, and swelling, with pain and tenderness on the slightest pressure; swelling over the back of the ear over the mastoid cells. The external auricle looked forward, being pushed out from the bone. On examination with the speculum, the interior of the meatus was swollen, with intense injection, but no perforation of the membrana tympani. She has fever; pulse 102.

*Treatment.*—Free leeching, with large dose of calomel, followed by alterative doses of the same drug combined with opium, mustard pediluvia to be frequently repeated.

Three days later she was much improved; the leeching has caused a feeling of faintness, but with relief to the pain; the swelling still continued over the mastoid region; a slight discharge had taken place from the meatus. At times she feels as if she would go crazy when the pain comes on at intervals. While suffering with one of these severe attacks I saw her, and felt fully justified in making a free incision down to the bone, causing a discharge of grumous blood; while, on the following day, pus flowed freely until almost all the redness, swelling, and pain had disappeared; she was able to attend to the usual occupations of her family. She was directed to take hydrarg. bichloridi, one-thirtieth of a grain in a teaspoonful of tinctura cinchona comp., three times a day, with good diet, and to be careful of the cold.\*

As she ceased her attendance at the hospital, I called to see her some months after, but did not, as she was about to be confined. I was

subsequently informed that she had a return of the pain in the part, with swelling and great distress; a surgeon being called in, he enlarged the wound, and freely applied nitrate of silver, causing the wound again to discharge, but no bone was lost, except in a dissolved state; and after discharging for several weeks it healed up, leaving a distinct depression in the bone; and she recovered her hearing, and is now, January, 1862, well.

CASE 3d.—Mary R., aged eight years, a robust-looking child, came under my care early in September, 1861, at the Howard Hospital. She had suffered from scarlet fever of a most malignant type, having been in a state of coma for several days; gradually the coma passed away, when the throat and ears became affected, and the child was a long period before complete convalescence took place.

*Present condition.*—She is deaf in the right ear, with a constant discharge of offensive pus; on removal, the meatus was found with a white, soft deposit on its surface, with a granular condition near the membrane with a perforation of three-fourths of its size.

*Treatment.*—A mild wash to be applied of nitrate of silver, while the parts were to be kept clean by repeated injections of tepid water. Counter-irritation was to be kept up in front of the ear. A guarded prognosis was given as to the ultimate result. Having improved considerably she ceased her attendance, and I saw nothing of her until called in haste, on the 21st of September.

The history I received from her father, an intelligent man, was as follows: Sunday, the 14th of September, being a hot day, the child was sleeping on a sofa, when the father, to cool the house, opened both the front and back doors, which produced a strong draught on the sleeping child. After retiring, she was attacked, in the middle of the night, with intense pain, causing her to scream out so that she was unable to sleep; the parents applied a blister and other means of relief, but the relief was of short duration.

When I was called to see her she had but little sleep, crying out with pain, feverish, with alternating chill; pulse 130; with pain all over her head; there was great swelling over the mastoid region, involving the side of the face and eye.

*Treatment.*—Believing that pus was formed and required an outlet from the mastoid cells, and fearing the result of injury to the brain, I

\* This part of the case was published in Am. Med. Times, vol. p. 169.

divided freely the skin, muscle, and pericranium. On withdrawing my knife, blood flowed very freely. A large poultice of pulv. ulmi et sem. lini was ordered to be repeated every few hours. A saline mixture, containing morphia, was directed to relieve pain.

September 22.—Slept part of the night; pain not so intense; the swelling still continues and has an erysipelatous blush; directed a purgative of calomel, to be followed by ol. ricini in the morning, and through the day to take R.—Tinctura ferri chloridi, gtt. x every four hours; as a local application, infusa ulmi flava to the ear and face.

September 23.—Continue treatment.

September 24 to 30.—Swelling less free; discharge from the ear, not from the wound; applied pulv. hyd. prup. cal. to the wound, to increase the discharge.

November.—During this month visited the case every few days. The opening being disposed to close, I introduced a sharp, hollow probe, so as to perforate the surface of the bone, and applied freely the solid nitrate of silver; this increased the discharge of pus.

December.—In the early part of this month the opening was again disposed to close; I again broke down part of the bone, and a small piece was discharged.

To diminish the discharge from the meatus, I directed a weak solution of plumbi acetat after washing out with tepid water; but the stimulation rather increased than diminished it. To remove the diseased bone, I employed a solution of zinci sulphat, one grain to the ounce, to be injected into the opening, and directed internally, in two-grain doses, three times a day, iodide of potassium and sulphate of quinia in solution; at the same time directing a nourishing diet to keep up the child's strength, allowing it to go out only in fine weather.

December 16.—The swelling around the external wound was very great, and a profuse discharge of pus took place for the last three or four days; while the discharge was very slight from the meatus.

On the 19th, a large piece of sequestered bone was found by the probe to be movable, and by enlarging the wound was removed after some difficulty, the bleeding being very free.

Two days after the operation the wound healed, and the discharge ceased from the wound. There is a deep depression behind the ear, from the loss of bone, but the child is well.

The bone measures six-tenths of an inch in length, and three-tenths of an inch in width. It is now in my collection, and has been examined by several distinguished physicians and surgeons. In the cases above related, which might have been increased by others, but whose history was more imperfect, we have examples of three forms of this troublesome and painful affection, and it will be seen that the treatment was different in each case.

In the first, the simple division of the periosteum, with the subsequent application of the blister, was all that was necessary to complete the cure.

In the second case, it required the second enlargement of the opening and the breaking down of the bone by the application of the nitrate of silver.

The third was a case of great danger to the patient, and it involved a larger number of the larger cells of the mastoid process; it therefore required free perforation of the bone, and its removal in a diseased state.

This is the first operation of the kind that has been performed in the United States. It has been performed eight times in Europe. The notes of his own case and the other cases, and the reasons for it, are given by Dr. Von Troeltsch, aural surgeon of Wurzburg; but my operation was performed before seeing his report of cases, and was devised and executed under pressing necessities; but so severe an operation is not required in all cases.

Dr. Von Troeltsch\* recommends the operation of the perforation of the mastoid process in "otitis interna." He believes the disinclination of surgeons to operate is due to their considering diseases of the ear as exceptional complaints, for the treatment of which special rules are required. Dr. Von Troeltsch, however, strongly objects to such reasoning. The cells of the mastoid process are in open communication with the cavity of the tympanum; they are covered with the same mucous membrane, and participate in all the affections of that cavity. Pus accumulates the more readily in these cells, as their communication among each other and with the anterior part of the middle ear is often very narrow, so that the pus is easily shut in; besides which, a large portion of the mastoid process lies deeper than the membrane of the tympanum and the meatus auditorius. The membrana tympani may,

\* London Medical Times and Gazette, September 20, 1861.

therefore, be perforated, and the secretion of the cavity of the tympanum may be allowed to freely escape outward; and this will, nevertheless, not provide an outlet for the pus within the mastoid process. If the matter which is accumulated there does not spontaneously make its way outside, by the formation of a fistula behind the ear, which sometimes occurs, the surgeon has no choice but to break through the external layer of the bone in order to gain access to the seat of the pus; so much the more as the introduction of warm vapors into the Eustachian tube has no decided beneficial effects in severe cases, although in mild forms of this affection frequent gargling and repeated blowing in of air into the tube, by means of a catheter, may serve to prevent the case from getting worse, and may act favorably altogether.

If the bony layer which has to be perforated is very thin and fragile, an ordinary buttoned probe will answer the purpose; but if such is not the case, a hollow chisel ought to be used. Dr. Von Troeltsch also says that in every case an incision about an inch long, behind the ear and parallel with the concha, ought to precede the perforation of the bone as laid down by Dr. Wilde, of Dublin. Such an incision always produces a favorable result, the bleeding being considerable. *The chisel should then be inserted in the middle of the incision, at an equal height with the opening of the ear, and ought to be carried horizontally and a little forward.* In this way the dura mater and the sinus transversus are avoided, and the surgeon rapidly arrives in the large cells which are closed above and behind the cavity of the tympanum. The incision itself had better be made three or four lines behind the insertion of the concha, as, if it were made further forward, the posterior auricular artery or its branches might be wounded; and if the incision is made further back, there is the danger of touching the sinus transversus with the chisel. The instruments must of course be used very gently and with interruptions, in order to allow of cleaning the wound and probing, just as during trepanning, and also to avoid a sudden piercing of bone.

Mr. Toynbee observes that

"Perforation of the mastoid process suggests itself, (in disease of the mastoid cells in the adult,) and this operation may doubtless be performed in those cases where the matter is pent up in the cavity of the ear and is causing such urgent and serious symptoms as are likely, if not

relieved, to terminate in death." But adds: "I have never performed this operation, but I would not scruple to do so in a case where the life of the patient was threatened."

The same authority shows the fatality of this disease, by its not only producing diseases of the brain by the extension of the inflammation, but also by general cerebral irritation. He reports the history of three children, with the autopsy, who died under his care, and one of W. Willing's. One adult under Dr. Brinton at the Royal Free Hospital, who died from acute inflammation of the mastoid cells three weeks after an attack of scarlet fever. He also reports eight cases, one of his own and seven collected from various other physicians and surgeons, where death occurred from disease of the mastoid cells followed by purulent infection or disease of the cerebellum or its membranes. Under the head of "Necrosis of the Mastoid Process," he reports two cases of recovery after the removal of the dead bone.

Great credit is due Mr. Wilde for his suggestion of cutting down upon this bone, and thus facilitating its removal either broken down in the pus or in a diseased state; but should the surgeon not assist in this operation, more especially after childhood, he will frequently find his patient dying from extension of the inflammation or irritation to the brain, before the dead bone is discharged; therefore the operation of perforation is justifiable.

#### Case of Depression of the Skull, with Epilepsy, temporarily relieved by Trephining; with Remarks.

By A. G. WALTER, M.D.

Of Pittsburg, Pa.

The history of the following case, similar with regard to the indication for trephining and its results to that reported in the *San Francisco Medical Press* of October, 1861, page 229, cannot fail to be of interest, as it exemplifies the absence of certainty and reliability of the two most prominent symptoms for diagnostic purposes, namely, *depression* of the skull, and *pain* produced by pressure upon the part depressed, which justly demand, when followed by epilepsy or other cerebral symptoms, prompt surgical interference. Such has ever been the experience of surgeons, that no one would hesitate to trephine, if the above symptoms should present themselves. Yet success, generally so certain,

has at times, even under otherwise favorable conditions, been wanting. Trephining has failed to afford either temporary or permanent relief in those instances where it was found that depression of the skull was only *superficial*—free from bulging inward, or any other lesion of its inner table, (either fissure, fracture, or bony excrescences,) and uncomplicated with morbid products, such as have been known to grow from the dura mater after the receipt of injuries. That a portion of the skull may appear deeply indented on its outer table, and yet show no signs of depression on its inner plate, is readily explained by the fact that both plates of the cranium will encroach upon each other under the force of blows inflicted upon it, the diploe thus suffering first compression, and later absorption. But if with tangible depression no encroachment of the tables of the skull be detected, the diploe being found normal, there can be no other cause for it assigned but absorption and condensation of the cellular tissue of the scalp, the effect of the local primary injury. In the former instance there is depression of the outer plate of the cranium; in the latter, the bony vault is uninjured, the scalp alone having suffered in its areolar composition.

It is of great importance, therefore, to appreciate this distinction between *cranial* or real, and *integumentary* or apparent depression, as a guide for proper diagnosis and treatment, as well as a means of assisting justice to be rendered in criminal prosecutions for alleged injuries to the skull and its contents, when no real ones would exist in either; apparent depression, the result of cellular absorption and thinning of the scalp, being the only palpable symptom denoting injury which had previously been inflicted.

Yet that *acute pain* should be provoked by the pressure of the finger on the depressed portion of the skull, its bony vault being otherwise normal, as was observed in the case to be narrated below, cannot be so easily accounted for, but may be due to irritation from constriction of nervous filaments imbedded in the condensed areolar tissue of the scalp.

John B., aged twelve and a half years, born of healthy parents, with a strong frame and well-developed muscles, yet quiet and reserved in manners, had been weakly during the first two years of infancy. The process of teething was disturbed by cerebral congestion, evidenced by jerking of the head forward, protracted otorrhœa, with serofulous enlargement of the glands of the neck. Recovering, however, he passed the fol-

lowing years in comparatively good health, and grew strong. About four years ago, while at play, he received a blow on the back part of the head, prostrating him senseless, and causing a severe wound; no unpleasant symptom, however, followed. A year later he again was struck with a shinny-block on the left side of the head, and knocked down, but recovered, after a few days, without any ill effects being observable. Two years afterward, (July, 1860,) however, symptoms made their appearance indicative of disease of the brain. He was then noticed, while standing, suddenly, without any previous warning, to have his face spasmodically drawn to the right side, with eyes staring and eyelids twitching, and then to the left, when the spell, after about half a minute's duration, would abruptly cease, with immediate return of the mental functions. These fits, at first recurring only every two or three weeks, and of but momentary duration, and attacking the patient in any position and at any time, though generally in the forenoon, and even during sleep, always sudden in their invasion, in course of time became more frequent, more severe, and lasting longer. Latterly he has had two or three seizures in one day, but generally two in a week, some more severe than others, when the whole body would be convulsed, with limbs stretched, stiff, and jerking, teeth set, mouth foaming, eyelids and muscles of face twitching, carotids violently throbbing, the face assuming a purplish hue. Vomiting used to follow the speedy return of consciousness after their subsidence, but recently there is absence of vomiting, yet protracted coma and stupor, out of which the patient awakens with yawning, complaining of severe prostration, giddiness, and aggravated headache. There is no aura epileptica, nor any exciting cause observable. His general health did not appear to suffer, appetite rather too good, alvine evacuations natural, secretion of urine copious, and excretions frequent. His sleep, however, is disturbed by restlessness, moaning, grinding of teeth, and screaming.

Such being the history of the case, examination of the head, being of rather large size, revealed a marked depression of the left parietal bone at its summit, the part originally struck some years ago, with exquisite tenderness under the pressure of the finger. Color of face florid, pupils natural, conjunctiva palpebrarum freely injected, action of right carotid unusually strong, heart's action normal in force and frequency.

There being no hereditary tendency, no disease

of any other organ discoverable, helminthiasis too being absent, it was justly inferred that, as the skull showed such evident marks of injury, trephining would offer the desired relief. Acting under this conviction, on August 22, 1861, the patient under the influence of ether, a free crucial incision was made over the painful and depressed part of the left parietal bone, through the scalp. The flaps being reflected, the pericranium was found very loosely attached to the skull. Free arterial bleeding followed this step of the operation. Vomiting and violent congestion of the face having set in, etherization was stopped, and the removal of two large pieces of bone accomplished, while the patient had recovered consciousness. The diploe, bleeding considerably, was found highly injected and in large quantity between the two tables, thus increasing the diameter of the skull to an unusual size. There was no depression, fissure, fracture, spicula, or bony excrescence perceptible on the inner plate, but deep sulci, produced by the enlarged and tortuous vessels of the dura mater; the outer plate, too, being free of indentation. The dura mater was seen highly injected, adhering closely to the skull, and bulging outward in violent throbbing motion through the cranial opening; its color and structure appearing normal, no morbid products growing from its surface. Bleeding having been arrested by iced water, the flaps of the scalp were replaced, and prevented from falling inward upon the dura mater by silver sutures passed through their corners. The head was kept elevated, and cool by iced bladders.

Though the immediate result of the operation, in the absence of all tangible traces of irritation to the brain and its membranes, was not encouraging, still it was hoped that relief would eventually follow, by having given vent through the cranial openings to the brain, which, with its turgid membranes, appeared to have been incarcerated in a bony wall of unusual thickness, and thus unduly compressed and irritated.

Diet and regimen of a strictly antiphlogistic character having been observed, reaction was moderate; the pulse even below the natural standard in force and frequency. Next morning, after a quiet sleep, the patient being gently raised, there were signs of a returning fit, as the head began to turn involuntarily, which, however, quickly disappeared. In the afternoon a chill set in, followed by high fever, thirst, startings, pain between the eyebrows, rapid pulse, and

violent action of the right carotid. Blood was drawn freely from the arm, and from the forehead by leeches, and tinct. veratr. was ordered. The arterial excitement subsiding, he continued in a comfortable condition, with natural and quiet sleep, moderately accelerated pulse, and all the functions normal, till the fourth day; in the afternoon of which, two slight, short fits appeared, with turning of the head and jerking of the body, at a time when he was raising himself for a drink. The wound in the scalp suppurating duly, the patient left his bed in a few days after, all excitement about the brain apparently having subsided, as was evidenced by the pale color of the face, the less strong action of the carotids, the weaker pulsation of the arteries of the brain, the natural pulse, the sound and undisturbed sleep, and the absence of headache, which, before the operation, was so constantly complained of; appetite, too, and the evacuations being normal, and the wound being nearly closed, there was ground for hope that the fits, though having reappeared probably as the effect of impressions left on the brain, might gradually become less frequent, and eventually disappear. These anticipations, however, were not realized. Notwithstanding the protracted use of the tinct. veratr. (Norwood's,) with strict antiphlogistic regimen and diet—the system apparently in a healthy condition—the fits returned generally twice a week, attacking the patient suddenly, while standing or sitting, with loss of consciousness, and convulsive movements of the face and extremities. They are not at present so severe or lasting as before the operation, yet regular and violent enough to preclude all hope of ever yielding to the influence which was expected from trephining. Some time after the operation, on examination of the vertebral column, there was perceptible tenderness felt on pressure of the cervical vertebrae in their middle. Pustulation was produced here, and kept up for some time, but without any benefit accruing. At the present time—more than five months after the operation—the patient continues in good health, free of headache, but unrelieved of the epileptic seizures.

Unsatisfactory as the result of the operation has been in the foregoing case, the lesson taught by it is worth remembering, increasing in interest by a review of the following facts. There was marked indentation of the skull at the part struck; strongly simulating depression, either of both tables of the cranium or of

the outer upon the inner one, which was followed by epilepsy; acute pain, produced by pressure with the finger upon the depressed portion of the parietal bone; absence of traces of injury to the bony wall, on its outer or inner face; unnatural thickness of the skull, by increased growth of the diploe, with its congestive condition; congestion of the dura mater, its protrusion into the cranial opening after trephining, with violent throbbing of the arteries of the brain; temporary relief from trephining, at least as long as the wound was suppurating; and cessation of a protracted cephalæa—the permanent benefit of the operation.

That the headache should have so completely yielded in consequence of the operation, while the fits, after a temporary respite, returned, may, for want of a better interpretation, be considered due to the partial liberation which a turgid and massive brain incased, nay, incarcerated in a bony wall of unusual thickness, had received by trephining, and to the concomitant and subsequent disgorgement of the blood-vessels of its substance, and of the membranes by bleeding and suppuration. But as the opening made by the trephine was not large enough to give full expansion to the brain, as the skull, on account of its hypertrophied condition, was incapable of accommodating itself to the increasing growth of the cerebral mass, and as the emptying of the congested cerebral vessels ceased with the subsidence of suppuration and with the consolidation of the wound of the scalp, it was to be expected that compression and irritation of the substance of the brain would be renewed, and with it the convulsions reappear.

That the blows which the cranium had previously received were severe enough to induce a slow congestive condition in the brain, yet growing in a vault originally large from scrofulous taint, and that this undue afflux of blood contributed to the increase of the bony wall in thickness, and subsequent resistance, will readily be admitted.

Taking this view of the case, it appears more than probable that *incarceration* of the brain, still expanding in a hypertrophied skull, by which it remains compressed, irritated and unduly congested, is the sole *cause* of the continuance of the epileptic fits, and that no other relief, unless by nature's own accommodating resources, is left but a *more extensive removal of the skull* by the trephine, through which a larger surface of the

brain could find expansion and thus be freed of irritation.

Bold as this proposition may seem, it is fully justified not only on account of the comparative harmlessness of removing large portions of the skull, but more especially on account of the improbability of ever affording succor to the patient in his present affliction by any other means in our power. As temporary cessation of the convulsions were observed to follow the partial liberation of the brain by the trephine, and in consequence of the disgorgement of its blood-vessels and of those of the membranes by subsequent bleeding and suppuration, and as permanent release from pain has been gained by the operation, the cephalæa being, like the convulsions, a symptom by which the compressed and congested brain appealed for relief, it may be just to infer that its congestion would gradually subside, and with it irritation; and that the convulsions would eventually cease, provided a *more free vent* was given to the brain for its expansion by an extensive removal of its bony walls.

### Compensatory Art.

By B. FRANK PALMER,  
Surgeon-Artist.

Surgical science has hitherto held, as by the law of primogeniture, the long-conceded right of precedence and pre-eminence over its inseparable ally, subsidiary art.

To establish systems and teach important truths *within the exact circle of medical and surgical science* has been the work of professors, while the important auxiliary and connecting link in the chain of beneficent agencies, *compensatory art*, has been almost wholly ignored as a lower and comparatively unimportant branch, to be conducted as the most incompetent artisans, entirely ignorant of anatomy and even of the laws of mechanics, might deem proper. Thus a profession which theoretically claims equality with the highest in the range of surgical and collateral science, has been degraded to the level of the lowest mechanical vocation, and, indeed, finally left without "a local habitation and a name." In the range of the superior arts, perhaps there is *none* in which high originality of design and masterly ability to execute are more imperatively demanded than in the faithful and efficient discharge of the duties of this profession; yet, in none has there so long existed a

palpable manifestation of *utter ignorance*, as in devising, constructing, and applying automatic mechanism in reparation of lost parts of the human body. Even so late as the year 1846, (when I first introduced the self-acting artificial leg,) there was not to be found on record, in the English language, a description of any substitute which could properly claim the name of a limb. I had, therefore, to commence the invention with but very little to guide, except unsightly and inadequate appendages, which, being the *terror* rather than the comfort of the unfortunate, served at best only to show the course that must *not* be pursued in the labyrinths of discovery. How well I succeeded may be inferred by the perusal of the scientific reports. I had no model indicating external comeliness or symmetry to imitate; no internal mechanism giving adequate action; no articulations resembling the natural joints to suggest *improvement*; but, on the contrary, (to divert from the legitimate pursuit,) an untold number of grotesque and nondescript appendages called "cork legs," and constructed variously of iron, steel, tin, copper, brass, sheet-iron, gutta-percha, india-rubber, leather, wood, and indeed every workable material except *cork*, showing almost an infinite variety of impracticable devices, which, having fallen into disrepute, indicated but poor promise to the copyist who would attempt to improve any of them, and, perhaps, *poorer still* to the inventor, who, discarding them all, should attempt to construct on a radically different principle, copying Nature's mysterious mechanism, the complexity of which remained alone uncopied in its functions, and seemed to defy artistic imitation. Without a single important and practical advance *upon a sound basis*, and with no reliable scientific guides, the task seemed, indeed, unenticing in its character and unpromising in its results.

To imitate successfully a human member (so beautiful in its external form and complex in its internal mechanism) with inanimate bones, muscles, tendons, and cuticles, requires no small degree of anatomical, surgical, and artistic knowledge. The surgeon who *skillfully* removes the obnoxious limb, and the surgeon-artist who *successfully* repairs so great a loss, should be regarded as filling offices of co-ordinate importance, and each should be the colleague of the other. This, however, can only be the case when the latter is fitted by education for the responsibilities of the profession—an education not easily ob-

tained, as the knowledge is taught neither in books nor in medical colleges. It is worth the attention of the medical faculty. Is it not strange that a subject of such paramount importance should have been so long neglected in the halls of learning? From the medicine-god *Æsculapius*, or later, from the immortal Celsus, or later still, from the learned and beneficent Paré, or from some contemporary *mechanicians*, it would seem that we might have derived *some* reliable instruction in the *correct method of supplying lost members*. But such is not the case. On the contrary, the rudest possible form of a substitute, the simple peg, has been allowed to indicate the place of amputation for *its* uses, and thus, strange though the statement seem, (its truthfulness is more so,) many eminent surgeons since the time of the illustrious Paré have obsequiously followed the advice of a certain *Captain Clerk* of that time, and *not* the advice even of the great surgeon. Paré said, "you shall cut off as *little* of that which is sound as you possibly can," being governed, however, "by the action of the rest of the part," which often changes this counsel, for you shall so operate that the "patient may most *fitly* use the rest of his leg by walking on an artificial one."

The wooden peg was the only useful substitute known in that age, and it appears that Paré adopted the old "place of election," at the instigation of *Captain Clerk*, who, having had a foot shot off by a ball passing through the ankle, "caused the rest to be cut off some five fingers breadth below the knee," in order to flex the joint and place the knee on the socket of the peg in such a manner as to *conceal the end of the stump*. This fact will show that though the art of supplying such losses was not understood, yet the wisest of surgeons have always amputated with reference to this ulterior treatment. It establishes the law of mutual dependency between surgical science and compensatory art, and shows that it is only by the harmonious blending of the two offices that the future happiness of the patient can be secured.

Art is, therefore, the potential ally of science in works of human benefaction, and it is *proper*, as well as *essential*, that they should go hand in hand. And so they will, as there is an essential fitness of all things, and, in the proper time and place, men and their works find their true level in their respective positions.

The present is an age of *inventions, wars, and*

*exhibitions.* The International Exhibition in London was an epoch in the world's history which disclosed the sinews of power in the arm of the useful arts. The inventor and the artisan were then, for the first time, duly honored, and their *rights* fully conceded. If I were to express my personal feelings, I should unhesitatingly say that my efforts have been fully appreciated, and my successes generously acknowledged, while there seems to exist, on the part of my patients, a desire to justly remunerate my arduous labors.

I have spared neither time, pains, nor money in the prosecution of my design; I have solicited investigation and competition before every scientific society and exhibition where such an invention could have an impartial examination and award; I have displaced all other forms of artificial legs to apply this; I have treated every conceivable form of amputation, until over three thousand of these limbs are in daily use, and at this time there is demand for about four hundred to be made annually. To be prepared to the utmost for so liberal a patronage, I have secured every facility discoverable by the study of works on surgery and anatomy, by visiting various medical colleges, hospitals, and scientific institutions in this country, also in England and France; and I have become familiar with all the forms of mechanical limbs which have the least practical value or reputation.

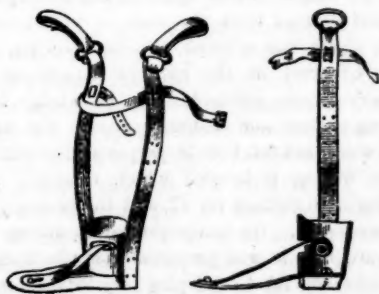
Without a desire to disparage the *laudable* efforts of others, I would direct the considerate attention of surgeons, and the unfortunate, to the *results* of all this research and labor.

I commenced the work distrusting my own ability, and but half appreciating the value of the invention. I have been, all the way along, encouraged by finding the limbs better and more satisfactory to my patients than I, in all the enthusiasm of the first accredited success, dared hope for. This has given, at length, an abiding confidence in my ability to do all that the present light of science and art enables man to do in restoring the lost parts of the human body which I attempt to supply. It may be that the series of discoveries in which I have been for the last sixteen years progressing is *unending*; if so, being always desirous of proving the works of the present imperfect by *producing those which are better*, I shall *work on*, and *plan on*, hoping, while in the midst of such facilities as were never before enjoyed by any in the profession, to keep

pace with the march of discovery in the agencies of human amelioration. It must be obvious to all that a practice so extensive cannot fail to offer the utmost advantages.

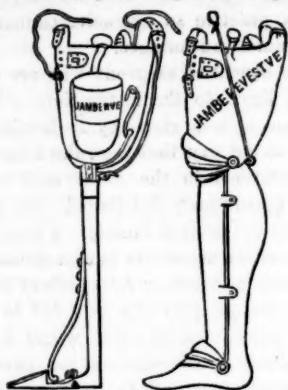
For the benefit of surgeons who are not permitted to listen to the instructions relative to amputations as *now* given by distinguished professors, I would say that the rules I have established—published in the *Bane and Antidote*, which is gratuitously distributed—are generally adopted by the medical faculty. I have already, as the result of my efforts in this direction, had the pleasure of treating *hundreds of long and beautiful stumps, perfectly adapted to the best forms of substitutes*, in cases where a lack of this necessary knowledge on the part of the surgeon would have left the sufferers *hopelessly* without the *best* use of false limbs. The heartfelt gratitude expressed by my numerous patients, in such cases, gives the most ample and gratifying reward.

I have constructed at least fifty varieties of arms and legs, each one of which might be termed an invention; but I have found much more to *reject* than to *adopt*, in the way of novelty. While thus pursuing the doubtful labyrinths of discovery, I have for years refused to construct the arm for my friends, even at excessive prices. I have now made apparent the affinity that exists between operative surgery and compensatory art, and believing that in all coming time there will be a harmonious interchange of correct theoretical views, as well as practical co-operation on the part of the two operators, the patient may confidently expect to reap largely the growing benefits to be derived from the united skill and ingenuity of the surgeon and the surgeon-artist.



The cuts herewith shown have been prepared by my direction. They give a good idea of the

best artificial legs known in the time of the great Paré, (about 1560,) and require no explanation.



In my next communication, I will present specimens of more recent devices, and will soon publish some of the most interesting cases in my practice, especially those in which limbs are lost in battle. I am now daily treating such cases.

### Bark of Pomegranate Root as a Remedy in Tape-worm, (*Tænia Solium*.)

By HENRY R. TILTON, M.D., U. S. A.

It is with great pleasure that I can bear testimony to the efficiency of a properly prepared extract of the bark of pomegranate root in the treatment of tape-worm.

Three cases have occurred recently among the troops at Key West Barracks, where I have been stationed. Previous to their arrival at Key West, the soldiers had been stationed in Texas, where, as I learned from the hospital-steward, Mr. Arnold Stubb, the tape-worm is quite common. The hospital-steward further informed me that a druggist in San Antonio, Texas, prepared a solid extract from the bark of pomegranate root, which was a black, tasteless powder, and very effectual in the cure of tape-worm, as numerous cases within his own knowledge, both among citizens and soldiers, proved. The druggist would not tell how he prepared the solid extract, having it labeled "Ext. Granati," and selling it to citizens for \$7, and to the army for \$5 an ounce. He condescended to inform the steward that it was prepared from the bark of the root; his label conveying very little information. Mr. Stubb, who has served as hospital-steward in the army for eight years, and is quite a practical chemist, has tried to make this ex-

tract, using alcohol, water, and ether as menstrua; as yet he has not succeeded; but he found a fluid extract just as effectual in removing the worm. This he prepares in the following manner: Take 3ij of the bark of pomegranate root, and put it into Oj of very strong alcohol; let it stand fourteen days, filter; then evaporate the alcohol, leaving the water of the alcohol combined with the active principles of the bark. This watery extract measures from f3iv to f3vj, the quantity being governed by the strength of the alcohol, while of the solid extract only 3j is required to destroy the worm; but the fluid extract is much less bulky than the decoction, and has three times the amount of bark used in its preparation.

One great recommendation of the extract of pomegranate root is the short preparation which the patient has to undergo before relief is obtained. The whole treatment occupies less than twenty-four hours. The patient takes a purge in the afternoon—either castor oil, salts, or any cathartic which the physician may select; he abstains from supper and breakfast, and then begins with the fluid extract, taking one-third of the whole quantity at a dose, which is to be repeated every hour and a half, or two hours. This generally acts upon the bowels within a short time after the third dose is taken, bringing away the entire worm; if it should not act before twelve o'clock m., a purge is to be given.

Of the three cases under my care, only one took the second purge. Sometimes there is slight nausea, either from the medicine or the movements of the worm; this is promptly relieved by a teaspoonful of vinegar, administered in cold water. The last case occurring under my notice was an interesting one. The patient had been complaining more or less for eighteen months, and while in Texas had taken large and repeated doses of oil of turpentine without effect. He entered the hospital in the afternoon, and was treated as I have described above; an enormous worm was discharged next day before twelve o'clock m., and the patient immediately returned to duty. After soaking twelve hours in cold water, (causing considerable contraction,) the worm measured seventy-five feet ten inches in length. The three specimens are preserved in alcohol.

*Appointment.*—Dr. C. F. Winslow, late of Boston, has been appointed U. S. Consul at Paita. Dr. Winslow has recently held the office of Physician to the Hospital at Callao.

## Illustrations of Hospital Practice.

## PHILADELPHIA HOSPITAL.

MEDICAL CLINIC.

Service of Dr. Da Costa.

January 25, 1862.

## BRIGHT'S DISEASE—ENLARGEMENT OF LIVER.

This was the case of C. R., aged thirty-five; German; shoemaker; temperate in his habits; in good health until six years ago, when he had a swelling on the right side of his chest, which discharged. For three weeks he had purulent expectoration, attended with cough. During the last summer he noticed the swelling of the abdomen. Let us examine this patient as he now presents himself. His countenance is pale, waxy, and wears an aspect of suffering; his pulse is 62, and intermits at every eighth or ninth beat; tongue clean, color tolerably good; cheeks slightly flushed; chest clear on percussion; small bubbling sounds, and moist râles in lower portion of left lung, both anteriorly and posteriorly; heart impulse extended but feeble, first sound excessively feeble and blowing, second feeble but distinct; abdomen distended; liver enlarged, extending considerably below the margin of the ribs; spleen slightly enlarged; superficial veins of abdomen enlarged and prominent on the left side; urine moderately high colored; specific gravity low, 1014; test by acid causes deposits with considerable effervescence, very little albumen; microscope reveals tube casts and urates. We have here, then, a case of Bright's disease, with enlargement of the liver, in which, perhaps, the renal affection is subordinate to the hepatic. There is only slight pain and tenderness over the kidney, but the absence of really severe pain is worthy of notice. We may, indeed, have serious chronic disease of the kidney, without marked pain, or the pain may be referred to other parts of the body. And this may be a significant point in differential diagnosis, for in nephritis or acute inflammation of that organ pain is always present, and is confined to one kidney. The cerebral symptoms become more prominent when the urine is scanty, but are generally quite strongly marked in this disease, and for the reason that some constituents of the urine (the urea, for example) is retained in the blood, giving rise to drowsiness, delirium, coma, death. Amaurosis and paralysis are, sometimes, the results also of this disease.

Another point of clinical interest here is the fact that disease of the heart leads to disease of the kidney, and *vice versa*; so disease of the kidney leads to dilatation of the heart, and it is explained in this way: when the kidney becomes diseased the circulation of the blood in the organ must, of necessity, suffer, and the vessels leading to it become engorged; the heart then takes on increased action to send forward the accumulating blood. This endeavor to overcome an obstacle leads to dilatation of the cavities, if the patient

be cachectic or anæmic, or to hypertrophy of the walls, if he be strong and robust.

And then, again, as to the condition of the blood. There is no disease which so rapidly impoverishes the blood as this. Abnormal products, which in a healthy state of the organs are eliminated from the system, are retained in the blood, and the red corpuscles are thus destroyed.

The prognosis in this disease is unfavorable, especially if the case be of long standing. Cases, however, of acute Bright's disease often recover, for example, those following scarlatina. How will you distinguish between the acute and the chronic? By the history of the case, and by examination of the urine. In the latter variety the specific gravity is low. In the former it is high. It is also high colored, and has a smoky appearance. Under the microscope large quantities of blood corpuscles, tube casts, and epithelium are visible in the former, while in the chronic the tubes appear often naked; there are no blood corpuscles, but broken-down epithelium. In the treatment of this disease the value of the differential diagnosis between the acute and chronic forms is apparent. Local blood-letting and local treatment of any kind is of but little value, except in cases presenting marked cerebral symptoms, or when the kidney is inactive. In these cases local treatment may be beneficial. As to diuretics, it is better to employ the mild ones, such as *inf. digitalis*, *bitart. of potassa*, etc., if any. Remedies should be administered which will have the tendency to prevent the rapid degeneration of the blood. The salts of iron, etc. may be used. Bright's prescription was ten grains of tannic acid, in port wine, three times a day, to check the flow of albumen. Some prefer muriated tincture of iron, with a view to its astringent effect in checking the drain of albumen, and to increase the red corpuscles of the blood. Let us use in this case one-half a grain of the perchloride of iron, three times a day. Give, also, two drachms of bitartrate of potassa, three times a day, dissolved in juniper-berry tea, and cod-liver oil, if the stomach will bear it. Let the patient have the best diet the house affords.

January 29, 1862.

## BRIGHT'S DISEASE—GENERAL DROPSY.

This was the case of a colored female, a native of Delaware, aged thirty, a domestic, unmarried, of intemperate habits. Till within the past three years she has been strong and healthy, yet subject to headache and occasional palpitation. Last September she had asthma, and some swelling of the extremities. She then suffered also from a severe cold. During the last three years she has been sick more or less of the time; but dates the exacerbation of her disease from November last. Her face is now greatly bloated; her eyelids swollen; her breathing rapid and laborious. The extremities are cedematous, and pit on pressure.

The lungs are full of rattling sounds; the

respiration is rude. The heart-sounds are feeble, and masked by the noisy, coarse respiration; it is enlarged, though there is no valvular disease. The examination of the renal secretion, by heat and acid, gives a copious deposit of albumen; by the microscope, crystals and tube-casts, covered with epithelium. The kidneys are evidently diseased, yet not in a very advanced stage of degeneration. The case is one of general dropsy, with Bright's disease; the dropsy extending to all the important cavities of the body. The prominent symptom here is the dyspnoea, which depends mainly upon oedema of the lung. How shall we relieve it? By dry cups and turpentine stupes to the chest; by blister to scapula, if not relieved without; and by the internal administration of one-half ounce of the bitartrate of potash in infusion of juniper-berries, three times a day. This latter remedy is a diuretic which will not irritate the kidneys. If by these means the dyspnoea and the dropsy are relieved, remedies may then be directed more especially to the disease of the kidneys.

#### RUPIA.

Mary B., colored, born in Virginia, married, a house-servant, always delicate in health and liable to colds. She was admitted to the house in June last, and sent to the medical ward for treatment. She has had an eruption upon her face for four months, attended by crusty formations upon an ulcerated base. When it first appears, it is in the form of vesicles filled with fluid, followed by the development of pus and the formation of scabs, which assume a conical shape and exhibit circular marks, from the several additions made to them from the surface beneath. Their appearance is similar to oyster-shells. These scabs adhere for a considerable time; but sometimes separate, leaving ulcerated surfaces, from which new scabs are formed. Rupia belongs to the pustular group, and occurs generally in a highly cachectic condition of the system, in persons greatly debilitated by age, or by previous disease. It is sometimes the result of syphilis, or of mercurial salivation. It is tedious and troublesome to cure, and can only be accomplished by treatment directed to the general system, as by the use of tonics, cod-liver oil, etc. If a syphilitic taint be suspected, the iodide of potash should be given in solution. This patient may take a tablespoonful of cod-liver oil three times a day. As a local application, the oxide of zinc, in powder, to the ulcers after the scabs are removed. The diet should be good.

#### CANCER OF LUNG—TUMOR IN MEDIASTINUM—AUTOPSY.

This case will be recollected as that of a patient seventeen years of age, who was admitted December 1st. His mother died of cancer, and his left leg had been amputated some six months ago for that disease. Some two or three weeks previous to his admission he had cough, with a copious, purulent expectoration. He also had oedema of

hands and of his legs, and his whole system seemed rapidly wasting. Examination of the chest revealed dullness on both sides, especially upon the right, and effusion at the lower part of the right side of the chest. Cancer was diagnosed from the history of the case, and from the indications of the presence of an inter-thoracic tumor, as shown in part by the oedema, also by enlargement of the superficial veins of chest and abdomen.

The post-mortem examination shows a tumor of the mediastinum, about the size of an orange, cancerous in structure. The right lung exhibits nothing but cells of morbid tissue in its upper lobes. In the lower lobes, there is no trace of lung structure left, the whole being a mass of encephaloid. Several cysts may also be observed. The left lung, excepting where attached to tumor, is healthy. You will note the absence in this case of the current-jelly expectoration, which is said to attend cancer of the lung. The sputum was purulent. This sign is not, therefore, diagnostic of the disease.

February 1, 1862.

The lecturer exhibited to the class the post-mortem appearances in the case of Sarah Jones, reported under date of January 29th. The oedematous appearance remained after death; a large effusion was found in the pleura and in the pericardium; right lung highly oedematous; the left had a few scattered tubercles in its structure; left ventricle of heart thickened; clot in right auricle, which from its whiteness and firmness, and adhering to the walls of the auricle, was judged to have been formed during life. The kidney is a typical specimen of one form of Bright's disease. It is smaller than natural, the cortical portions greatly degenerated, slightly granular, with morbid deposits extending to the tubular structure. (Subsequently, at the surgical clinic, a beautiful specimen of mottled kidney, enlarged in its size, showing another form of the same disease, was presented before the class by Dr. Gross.)

The liver is that which is termed by pathologists the "nutmeg liver," and is frequently connected with disease of the heart. It has a fatty appearance and gives evidence of congested portal circulation. The spleen is atrophied, consistency about normal, though not easily torn.

#### CHRONIC DIARRHŒA.

The two cases mentioned in our report of last week were brought before the class to exhibit the results of treatment. The cases were similarly treated. One was well, the other unimproved. Tenderness of the abdomen still remained, and he has four to six passages daily. He was placed upon the following treatment:—

R.—Massæ hydrarg., gr. jss;  
Opī, gr. j;  
Ipecacuanhæ, gr. ss. M.

Take three times a week, alternate nights.

He may also take

R.—Ferri sulphas, gr. ij;  
Quiniaz sulphas, gr. j;  
Strychniaz, gr.  $\frac{1}{16}$ . M.

Three times a day. Small blisters may be applied over the tender portions of the abdomen.

Why this treatment? The intention of the first remedies proposed is to act as an alterative upon the secretions of the intestinal tubes; but the patient should not be salivated. Blisters have been followed by good results in such cases.

The iron is an astringent and tonic, and I prefer this preparation to the more active but irritating one of the perchloride. The strychnia is a valuable remedy in debility of stomach and intestines, to increase the tone of the organic muscular fibers; useful, therefore, in cases attended with relaxation and debility.

February 5, 1862.

#### GENERAL DROPSY—DEATH—POST MORTEM.

On the 18th of January, (see last number of the REPORTER,) the case, now the subject of clinical remarks, was before you. You will remember the appearances then exhibited, and the diagnosis then made, and I need not now recapitulate them. In a short time he became comatose. Twenty-four hours before his death he passed the usual quantity of urine, yet he died, I think, of uramic poisoning. The post-mortem appearances we now exhibit to you.

The kidneys are enlarged, and exhibit the peculiar mottled structure present in one variety of this disease. The cortical has encroached upon the tubular structure, until there are few tubules left to perform their functions. It is a question among pathologists whether the different pathological appearances of the kidney, seen in different cases of so-called Bright's disease, are not indicative of distinct affections.

The spleen is enlarged, and filled with a peculiar, albuminous-looking substance, a condition which is quite apt to take place in constitutions much broken down by disease.

The lungs are highly cedematous, and adherent to the pleura by old adhesions. They are also highly congested, one being apparently chronic, the other more recent. The liver is healthy. There was an effusion into the pericardium and pleura.

The prognosis in such cases is always unfavorable. Those you have seen here all occurred in constitutions already broken down by disease, and are all likely, I fear, to prove fatal. Indeed, recovery is the exception in chronic Bright's disease, *while death is the rule*. And yet in private practice, and where the patient is surrounded with all the comforts and conveniences which can contribute to his alleviation, recovery occasionally takes place; and, at all events, life may be much prolonged. The difference between hospital and private practice, in this respect, is marked.

#### CONFIRMED OPIUM-EATING.

Harriet Knox, a native of Maryland, aged thirty-two, was always in delicate health, had all the usual diseases of childhood. Fourteen years ago, at her confinement, instruments were employed to effect delivery. Opium was then prescribed to mitigate her pains and distress, and she has continued to use it since. She has taken the amount of several ounces of laudanum during a single day, and has become a confirmed opium-eater.

You will observe her pale, haggard, anxious expression of countenance; her tongue is dry; the secretions are all dried up. She has some cough, and considerable tenderness of the abdomen, accompanied with chronic diarrhoea of the most intractable kind, having passages upon slight movement of the body. This latter symptom may strike you as anomalous, especially as opium is one of the best astringents in medicine. But this is the invariable rule with opium-eaters. They suffer greatly from diarrhoea. The intestines become worn out, and incapable of natural action. Can this inveterate habit be cured? If your patient has strength of mind, and energy of purpose sufficient, it may be. The fascination of the drug is strong, but recoveries have been made. The famous De Quincy was once a confirmed opium-eater, and he has given the world the narrative of his dreadful experience in its use, and of his struggle to break away from the enchantment. He accomplished it by great firmness of purpose, and by violent bodily exercise, using also, I believe, other stimulants as a substitute. In the case before you the quantity has been reduced to one-half ounce of laudanum at night, but it cannot be entirely discontinued. Sooner or later attacks of great depression will be produced by the drug, a depression and exhaustion which even a large dose will not allay. This is the inevitable result of opium-eating. At first it is an excitant, producing pleasant dreams and entire freedom from all anxiety. The sensations are all exceedingly pleasurable, but the sedative effect follows, producing debility and depression of spirits which requires an increased dose to overcome. So it goes on from day to day. As in cases of acute poisoning by opium, the pupils are contracted. In the case before you recovery is very doubtful, if not entirely hopeless. We are trying to reduce the amount of the drug.

#### PNEUMOTHORAX.

Mary Ann S., aged twenty, prostitute, has had a cough for the last eight months, gradually becoming worse till four days before Christmas, when it became excessively severe, and was accompanied with great dyspnoea. She had pain in her right side and down the back, which she says came on suddenly, and is exceedingly sharp. She was admitted to the wards four days ago, suffering greatly from dyspnoea. She cannot lie down at all, but sits day and night propped up in her chair or bed. Her appetite is still good,

tongue clean. There is some tenderness of the epigastrium and abdomen generally, but not sufficient to account for the orthopnoea. What is its cause? If we inspect the chest, we find the left side rises naturally, the right scarcely at all. On percussion, we find the right side very clear in resonance, the left side far less so. On auscultation, we find the absence of all sounds, or a feeble, undetermined sound upon the right, while we hear posteriorly a peculiar metallic ring to the cough, and a tinkling sound when the patient is either speaking or coughing. On shaking the patient, we find a slashing sound. The sounds of the heart are indistinct, the impulse is felt outside of the nipple, showing the heart to be forced out of its normal position. Why all these symptoms? The patient has what is technically termed pneumothorax. Without physical exploration, this diagnosis is impossible. By auscultation and percussion we are enabled to determine the true nature of the affection with absolute certainty. The presence of air in the pleural cavity, compressing the lung and viscera, and driving the heart into the left axilla, is thus positively discerned. And this result of our exploration of the chest, the distended chest, its immobility, and the relative absence of natural respiration, all confirm.

The prognosis in pneumothorax is generally unfavorable when arising from an internal cause, as the bursting of emphysematous lung, or softening of tubercles, or breaking down of lung and pleura. It is, however, not always fatal. The air acts as a foreign body, exciting inflammation, the exudation of lymph and pus, thus causing adhesions over the aperture between the lung and pleura, and effecting a cure. A case occurred in my own practice where a patient recovered twice from this affection. But the patient generally dies asphyxiated.

The indications of treatment are to get rid of the air and remove the effusion. Why not make an opening and let it out? The propriety of such an operation has occurred to me, but the risk is too great. I would not advise it. Experience has proved that opium is the sheet-anchor in its treatment. Let us give it to the extent of a grain every four hours; counter-irritation, dry cups, blisters, or wet cups, if the patient can bear it. Shall we treat the pleurisy which is present? It should not be treated too actively, for by this means nature makes an effort to cure the disease, by promoting adhesions.

#### SURGICAL CLINIC.

Service of Prof. Gross.

January 29, 1862.

#### AMPUTATION AT HIP-JOINT.

This was the case of a girl under twelve years of age, who, one year ago, had both inferior extremities badly scalded, and in whom the ulceration of the cicatrices had produced an exceedingly loathsome and offensive discharge. All

attempts to heal the ulcers had failed. The left thigh is drawn up by the contraction of the muscles; the leg is flexed upon the thigh, and almost the entire surface of the limb is covered with scabs and ulcerations, emitting the most offensive odor, infecting the atmosphere which the child is compelled to breathe. She is pale, anæmic, and greatly emaciated; suffers much from pain, for which it becomes necessary to give anodynes. Her appetite is good. To keep up her strength under this enormous drain upon her exhausted system, she takes the most nourishing food and about six ounces of brandy during the twenty-four hours. The case is a most unpromising one for an operation. The shock may be too great for the enfeebled system, and she may succumb under it; there may be considerable loss of blood; suppuration must follow; erysipelas may supervene; pyæmia may result. All these accidents are to be kept in mind and to be guarded against. Notwithstanding the untoward circumstances of the case, the operation is decided upon as affording the only and a scarcely possible chance of saving the life of the little patient. In the only two operations for amputation of the hip-joint performed in this city, both were recoveries. The statistics of amputation at this joint show that when performed for injuries, the operation is generally fatal, but, on the other hand, successful when for the cure of disease.

The patient was placed under the influence of chloroform; compression was made upon the abdominal aorta by Dr. Agnew, and upon the femoral artery by Dr. Levis. The hemorrhage was thus controlled and the operation performed with the loss of very little blood. The arteries were carefully tied and the stump dressed in the ordinary manner. A portion of the stump healed by the first intention, moderate suppuration took place in the remainder, and the healing process went on without any untoward symptom. The patient's appetite was good; tonics and stimulants were freely administered *pro re nata*, and at this present writing, (February 15th,) the case is progressing finely and rapidly to a successful termination.

### Medical Societies.

#### ANNUAL MEETING OF THE NEW YORK STATE MEDICAL SOCIETY.

The Fifty-fifth Annual Session of the New York State Medical Society commenced at the City Hall in Albany, on Tuesday the 4th inst., and continued in session for three days.

Dr. E. H. Parker, of Poughkeepsie, President of the Society, called the Society to order, and in his opening address alluded to the death of his predecessor in office, Dr. Daniel T. Jones, in a very appropriate manner, as a man whom he had "learned to respect and admire" for the "manly truthfulness of his whole character, which served as a worthy setting in which the

talents entrusted to him are made to show their charming luster." In alluding to the events of the year, he said:—

"They have produced a marked effect upon our profession. Military surgery has suddenly assumed an unusual prominence, and there are, I suppose, few of us who have not reviewed the topics which especially interest the practitioners who have the professional charge of soldiers. The modifications required in the treatment of gunshot wounds in consequence of the effects of the new projectiles differing from the old, as well as those which come from the use of anaesthetics, have been among the subjects which have been earnestly studied. But it is to be borne in mind that the medical officer of the army, so far as he acts as a surgeon proper, is almost a specialist, while a large share of his duties are purely medical. No regiment is constantly going into action, and the shafts of disease are far more fatal to soldiers than the bullets of the enemy. As a defense against the latter, the engineer is required to throw up his earth-works; and it is equally the duty of the medical officer to see to it that the men under his charge are as far as possible protected from the former. Prophylaxis—whether it be by using quinine to prevent malarial disease, or by compelling attention to the sinks and other sources of effluvia to avoid camp dysentery; or by seeing to it that cleanliness of the person is enforced as an especial defense against the invasion of typhoid diseases; or by a careful supervision of the means and modes of cooking—prophylaxis, I say, is a far more important study than that of the latest way of doing an amputation. The character and mode of the operation required from a gunshot wound is usually settled by the ball that inflicts it, and that with a profound disregard of the theories and dogmas of the schools, whether they be English or French, German or Russian, compelling one to take his flap, and to separate the bones when he can, not when he would.

"I am aware that I speak to masters of the profession. But do not the masters sometimes overlook these apparently little things, which are in reality the truly great things of life? To whom does the world look up as the more eminent army surgeon—to the man who has done the most operations, or the man who has kept the troops under his charge in the highest degree of health? Which should each of us prefer to be? I do not doubt that the answer to both questions would be in favor of the operator; and yet any one of us knows it ought not to be so.

"How much more danger is there of this false standard of distinction prevailing among those of our profession who are actually in the field! We and they both need to have it impressed upon our minds that amputation is a reproach to our art—a continued acknowledgment that our skill is not equal to the restoration of the parts. And it injures no one to recall the fact that we have done better, if we have prevented an army from being decimated by sickness than if we have made a hundred amputations."

With patriotic devotion to the country, in this its hour of peril, he said:—

"On one point I take it for granted that we are of the same mind, viz., that the services of each and all of us are at the command of our country whenever and wherever they are made."

He congratulates the Society that this State was the first to take especial pains to prevent the introduction of incompetent surgeons into the army, by requiring a thorough examination as a test of their qualifications. Upon the duty of a military surgeon to the wounded, when the battle is lost, he said:—

"It is more in accordance with the spirit of our profession, which is never deficient in bravery or self-devotion to the good of others, that if the wounded are in any numbers, the surgeon should remain with them. The surgeons of the victors usually have as much as they can do among their own troops, and if any are neglected it naturally is the prisoners. With the necessary confinement, trifling neglects become serious, and the result of an operation may be entirely different when advised and performed by a known and tried friend, or an avowed enemy.

"The very touch of a friendly hand is to a sick prisoner often more than medicine. To all of these, it seems to me, the soldier has a claim, and if he knows he may expect such devotion from his surgeon, he will fight with less hesitation. These principles hold, of course, only in large engagements, when there are many wounded on both sides."

In this connection, he commended in befitting terms the heroism of those surgeons who remained with the wounded on the battle-field, preferring to suffer the dangers, as well as inconveniences of prison life, rather than desert their posts. In conclusion, he said:—

"I had hoped to lay before you some plan, by the adoption of which the sufferings of war, so far as they concern the wounded men, might be lessened, by allowing the surgeons of the contending armies to visit the battle-fields unmolested, on the purpose of caring for the wounded, while, at the same time, they could superintend the decent burial of the dead. But I have found so many obstacles at the commencement of the effort that it has seemed useless to go further. Military men are jealous of allowing any foe to go within their lines on any purpose, and it cannot be denied that a spy might pretend to be a surgeon, and obtain important information, while professing to be occupied in these sacred duties.

"On the part of the United States government, these difficulties could, I believe, have been overcome; but there has been such a strange disregard of the ordinary dictates of humanity on the part of those who are in arms against it, that I have not thought it best to persevere in the attempt. If the Society can devise any way of accomplishing this end, it would be well worthy of it to do so."

At the conclusion of the President's address, resolutions were introduced by Dr. Potter, disavowing responsibility for any theories or senti-

ments advanced by any gentlemen, in the papers read by them and published in the Transactions of the Society. This position of the Society was deemed to be so well understood that the resolutions were laid upon the table. A committee of three, consisting of Drs. Bissel, Howard Townsend, and Kendall, was appointed to consider and report upon the suggestions in the President's address.

Dr. S. D. Willard submitted a memorial of Dr. Merrit H. Cash, who died at his residence, Rutgers' Place, in Ridgebury, on the 26th of April, 1861, in the 59th year of his age. Dr. C. had been a member of the Society twenty years, and bequeathed \$500 to the Society.

Dr. Finnell presented several pathological specimens, and also read a paper on a case of peritonitis. Referred.

The secretary read a communication from the Oneida County Medical Society, covering a preamble and resolutions, adopted by that Society, in opposition to the passage of a law by Congress permitting the introduction of homœopathic physicians and surgeons into the army. Laid on the table for the present.

The secretary presented a communication from the Monroe County Society on the subject of Criminal Abortion, covering the following resolution:—

*Resolved*, That in view of the enormous increase of criminal abortion and the inadequacy of the present law to properly punish the offenders, this Society request the New York State Medical Society to press upon the notice of our Legislature the memorial presented to them by the American Medical Association on this subject.

The resolution was adopted.

Dr. J. V. P. Quackenbush, treasurer, showed the receipts during the year to have been \$294 41, and the disbursements \$184 62, leaving a balance in the hands of the treasurer of \$107 79. Report accepted, and referred to Drs. Corliss, Govan and Coates, to examine vouchers.

Dr. Bissell read a very interesting paper on Paralysis—a sequela of Diphtheria—Reflex Paralysis.

The subject was discussed by several gentlemen.

On Wednesday Dr. White called up the paper from the Oneida County Medical Society, relating to the employment of Homœopathic Surgeons in the Army, when Dr. Garrish presented the resolutions adopted by the New York Academy of Medicine. The matter was referred to a committee, who subsequently reported that they had examined the subject carefully, and advised that all unnecessary action that might be construed into persecution be avoided; that the committee feel satisfied that the government will take no step that can need the action of the Society. The report was accepted and adopted.

Dr. Willard, of Albany, presented a list, compiled from authentic sources, of all the surgeons and assistant-surgeons of the Volunteer force of

New York State, together with their ages, where graduated, and year, what service seen, hospital and private practice, when appointed, and what changes by promotion or resignation, etc. This paper will prove valuable to all who are interested in the surgical force of the State, and will be important for historic data to the profession in future years. It is desirable that some person should act upon this suggestion of Dr. Willard, and prepare similar tables for each of the loyal States.

Dr. Edmund Arnold, of Yonkers, N. Y., read a very valuable and highly interesting paper, entitled "Medical Provisions for Railroads, as a Humanitarian Measure, as well as a source of Economy to the Companies."

This was a well-digested paper, eminently practical in its recommendations, and the results, if obtained, would be a great saving to human suffering and life.

Dr. Mason, of Brooklyn, presented a preamble, setting forth that the Health Laws of this State have not kept pace with the rapid modern progress of Sanitary Science, and offering a resolution, as follows:—

*Resolved*, That the bill, now before the Legislature, known as the "Metropolitan Health Bill," meets with the cordial approval of the State Medical Society, as a measure which, though partial in its application to one section of the State, is a step in the right direction, and should be enacted into a law without delay.

Dr. Griscom, of New York, explained the nature of the proposed law, and the great necessity for its passage.

The resolution was adopted unanimously.

Dr. Brinsmade offered the following resolution:—

*Resolved*, That a committee of five be appointed to draft a Sanitary Code for the State of New York, and submit the same to this Society, for its consideration, at its next annual meeting. Adopted.

Dr. Hutchinson, of Kings, read a paper, entitled "Dislocation of the Ischiatic Notch, with Autopsy."

Dr. Downs, of New York, read a paper, entitled "Synopsis of a case of Peritonitis occurring in a child, and the administration of large doses of morphine in its treatment."

Dr. Marsh presented a pathological specimen of "Cirrhosis of the Liver."

Dr. Blatchford announced a communication from the New Jersey State Medical Society relative to the appointment of a delegate to the New York State Society; and moved the appointment of a delegation of six to attend the next annual session of the New Jersey Society. Agreed to.

A communication was received and read from Dr. Elisha Harris, from the committee on the Medical Topography of the State, informing the Society that it will not be possible to complete the work for the present session. Accepted.

Dr. Swinburne, of Albany, then read his paper, "Post-mortem Notes of a Case of Supposed

Murder," (the celebrated Budge case.) The paper was listened to with great attention by a very large audience of medical gentlemen, and the views and theories advanced by Dr. S. were fully sustained by several distinguished surgeons, whose letters were read.

Dr. Shady, of New York, presented resolutions, and subsequently the report of a committee urging the favorable action of the Legislature upon the bill now pending before them, relative to the provision of a medical corps and surgical appliances, simple but sufficient for all cases of emergency. Surgeons who now respond to such cases are never sure of compensation for their expenses, time, and services.

On Thursday, Dr. Willard presented a communication from Dr. E. R. Peaslee, entitled "Mechanical Appliances on the Treatment of Uterine Affections."

The Committee on Nominations reported as follows, and the gentlemen named were elected to the respective offices:—

For President—Thomas Hun, of Albany.  
For Vice-President—D. P. Bissell, of Utica.  
For Secretary—S. D. Willard, of Albany.  
For Treasurer—J. V. P. Quackenbush, of Albany.  
Committee on Publication—Drs. Thomas Hun, Sylvester D. Willard, and Howard Townsend.  
For Censors—Southern District—Wm. Govan, Joel Foster, and Elisha Harris.  
Eastern District—Barent P. Staats, Thos. W. Blatchford, Peter McNaughton.  
Middle District—Jenks S. Sprague, Chas. B. Coventry, and A. F. Doolittle.  
Western Division—Alex. Thompson, H. W. Dean, and Edward Hall.

Committee on Correspondence—John H. Griscom, W. P. Townsend, Wm. P. Seymour, Hiram Corliss, Luther Guiteau, John G. Orton, Jonathan Kneeland, and J. W. White.

For Permanent Members—1st District, E. R. Peaslee, 3d C. Finell; 2d District, Abm. Crispell, John D. Watkins; 3d District, Sylvester M. Van Alstyne, Samuel H. Freeman; 4th District, Theo. L. Mason, Henry A. Carrington; 5th District, L. V. Cobb, A. G. Purdy; 6th District, P. Brooks, E. S. Lyman; 7th District, Harvey B. Wilber, Joseph Beattie; 8th District, John Boardman, Chas. E. Van Auden.

Nominated for Permanent Membership—1st District, Alfred Underhill, Jared Lindsley, John W. Green, Oliver White, John P. Garrish, J. H. H. Burge; 2d District, — Durrie, I. O. Van Hovenburgh, Isaac E. Taylor; 3d District, John Swinburne, C. H. Porter, W. H. Bailey, A. D. Hull; 4th District, James Ferguson, Alex. Ayres; 5th District, Hiram Adams, Wm. Taylor; 6th District, J. K. Chamberlain, W. H. H. Parkhurst; 7th District, H. W. Dean; 8th District, J. M. Miner, D. Bly.

Elected Honorary Members—T. G. Geoghegan, of Dublin, Ireland; Ashbel Woodward, of Conn.; John Jeffries, of Boston; Wm. Carpenter, of London; Henry Bronson, of New Haven.

Nominated for Honorary Membership—E. S. Saterlee, of the U. S. A.; Joseph Carson, of Philadelphia; S. W. Butler, of Philadelphia; Wilson Jewell, of Philadelphia; N. S. Davis, of Chicago; R. R. Cuyler, U. S. A.; Ralph Isham, of Chicago.

Delegates to the American Medical Association—T. L. Mason, C. V. Barnett, A. Crispell, H. W. Dean, T. F. Jenkins, Thomas Hun, S. O. Vanderpoel, Charles E. Van Auden, Charles Budd, D. P. Bissell, E. H. Parker, E. R. Squibb, Chas. S. Wood, I. O. Van Hovenburgh, Wm. Govan, T. C. Brinsmade, H. Corliss, Henry S. Downs, W. P. Seymour, E. R. Peaslee, — Colvin, Joseph Beattie, Geo. A. Dayton, Sanford R. Hunt, Joseph C. Hutchinson, Henry C. Gray, Thos. W. Blatchford.

Delegates to National Quarantine and Sanitary Convention—E. Hall, T. L. Mason, D. Bly, J. H. Griscom, Elisha Harris, Mason F. Cogswell, J. V. P. Quackenbush, J. G. Adams, Hiram Corliss, Howard Townsend, J. M. Miner, Wm. Govan.

Delegates to the Connecticut Medical Society—N. C. Huested, J. G. Adams, Jos. C. Hutchinson, S. D. Willard, H. D. Bulkley, S. T. Hubbard.

Delegates to Medical Society of New Jersey—Thos. W. Blatchford, — Dudley, J. A. Brady, D. Bly, W. P. Townsend, J. M. Green.

Dr. Willard presented a paper entitled "The Protective or Prophylactic, Preventive, and

some points in the curative uses of Quinine in miasmatic localities and miasmatic districts."

Dr. C. A. Lee presented a paper entitled "On the means of arresting hemorrhage, from wounds received in battle, with a history of the measures heretofore resorted to for that purpose."

Dr. C. H. Porter presented a paper entitled "Arsenical Poisoning."

Dr. J. H. H. Burge presented a new surgical instrument "for the removal of foreign bodies from the Esophagus and Larynx."

The committee to whom was referred the introductory address of the President, presented a series of resolutions. 1st. Applauding the boldness and heroism of our surgeons who stood by the wounded soldiers at Bull Run. 2d. That those surgeons, now in bondage, who have declined their parole, on the condition that they would not again serve during the war, receive the thanks and commendation of this Society. 3d. That a copy of these resolutions be published in the Washington papers. 4th. Expressing thanks to Dr. S. Oakley Vanderpoel, Surgeon-General, for his indefatigable efforts toward supplying our army with the best of physicians; and also to Drs. March, Hun, and Cogswell for the thoroughness of their system of examinations. 5th. Resolutions of condolence and sympathy on the death of the late President, Dr. Daniel T. Jones.

The resolutions were unanimously adopted.

The address of Dr. Parker, on the dignity of the medical profession, was listened to with marked attention and satisfaction. A committee was appointed to revise the code of medical ethics of the Society, and those of the American Medical Association. This is an important and delicate measure. The committee are Dr. C. A. Lee, Dr. Howard Townsend, of Albany, and Dr. James M. Miner, of Brooklyn. To these men the matter may safely be entrusted.

The Society was hospitably and elegantly entertained on Wednesday evening by the Surgeon-General, Dr. Vanderpoel, and by Dr. Swinburne. The meeting was largely attended, and all the papers were of interest.

## MEDICAL SOCIETY OF NEW JERSEY.

The Ninety sixth Anniversary of the Medical Society of New Jersey was held at New Brunswick on the 28th and 29th days of January. The President, Dr. Blane, in the chair. The attendance of both members and fellows was unusually large, nearly all the district societies in the State being represented. The President's address, upon the subject of "the Medical Society of New Jersey, its objects, and the duties of its members," was well received and a copy requested for publication.

The standing committee, through their chairman, Dr. Wickes, made a very interesting report, which was ordered to be published. It contained quite an extended notice of the epidemics which had prevailed in the State during the past year,

a review of malarious diseases as they have occurred in the State for several years past, as well as a report of many rare and anomalous cases of disease. Diphtheria and typhoid fever have been more or less prevalent in some sections of the State. In the report reference is made to the appointment of Mr. Craven, of Newark, as brigade-surgeon in the United States army, and of the action of the Essex District Society upon the same, whereupon the following resolution was passed:—

"That the action of the Essex District Society, in their protest against the appointment of Mr. Craven, referred to in the report of the standing committee, be approved by this society."

The committee on malaria having made no report, were reappointed.

The report on nervous diseases, read by Dr. Hunt, was accepted and referred to the committee on publication.

Dr. Pierson offered the following preamble and resolution, which were adopted:—

*Whereas*, painful intelligence has been received by the society that our venerable and much-respected brother and fellow, Dr. Lewis Condit, of Morris, for many years a most efficient and valuable member, has been laid upon a bed of suffering and pain in consequence of a fracture of the neck of the femur; therefore,

*Resolved*: That the society extend to him its warmest sympathy and sincere condolence, with the hope that his life may be prolonged for many years, and his health restored, so that we may again be cheered by his presence, and the interest of the profession receive his wonted aid, and that a copy of this resolution be forwarded to the doctor by the Corresponding Secretary.

The following committees on scientific subjects were appointed:—

"The best principles of treating Traumatic Gangrene of the Lower Extremities," Drs. A. Coles, Wm. Pierson, Jr., E. B. Freeman.

"Is there any natural adaptation of particular remedies to certain Tissues or Diseased Conditions?" Drs. Baldwin, L. A. Smith, and Stone.

Dr. Morrogh was appointed essayist.

The officers elected for the ensuing year, were as follows:—

*President*.—J. Woolverton, of Trenton.

*Vice-Presidents*.—T. R. Varrick, E. M. Hunt, A. Coles.

*Corresponding Secretary*.—T. J. Corson, Trenton.

*Recording Secretary*.—Wm. Pierson, Orange.

*Treasurer*.—J. S. English.

*Standing Committee*.—S. Wickes, of Orange; Thomas Ryerson, of Newton; R. M. Cooper, of Camden.

*Delegates to American Medical Association*.—Drs. W. Elmer, S. H. Pennington, A. B. Dayton, G. Grant, J. Blane, Wm. Pierson, Jr., L. A. Smith, S. M. Disbrow, J. A. Freeman, H. R. Baldwin, B. H. Stratton, and J. B. Coleman.

*Delegates to State Societies*.—Connecticut, Dr. J. Phillips. Massachusetts, Dr. L. S. Condit. New York, Dr. L. A. Smith. Pennsylvania, Dr. R. M. Cooper.

*Delegates to Sanitary Convention*.—Drs. E. M. Hunt, S. Wickes, Wm. Pierson, Jr., Stone, J. S. English.

The next annual meeting of the society is to be held at Jersey City.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Weekly Summary of American Medical Journalism.

By O. C. GIBBS, M.D.

#### QUININE AS A PROPHYLACTIC IN MALARIOUS DISEASES.

In the *REPORTER* for November 9th we gave a summary of two articles upon the above subject, in one of which objections to such use of quinine were urged, and in the other facts were adduced in support of the utter harmlessness and prophylactic efficiency of such use, however long continued, providing the subject remained the while in malarious regions. We gave our own views, and referred to two other articles in support of the last-mentioned opinion.

In the *American Medical Times* of the same date, (November 9th,) Dr. J. King Merritt has an article upon the same subject, which details too important experience to be passed over in our *Summary*. We would be glad to give the article entire, but must content ourselves to try the difficult task of condensation.

In 1850, Dr. Merritt went with a mining and exploring party to the Province of Veraguas, on the Isthmus of Darien. To that party he acted as surgeon. Very soon after their arrival and commencement of labors, intermittent fevers became quite general with the party, and of so severe and congestive a character as to require about sixty grains of quinine in the intervals of the paroxysms to arrest them. Notwithstanding such large doses of quinine were given, and continued for a week, the intensity of the poison was such, and the effects of the quinine so transitory, that in two or three weeks the disease would return in all its severity. These attacks recurring so frequently, and each incapacitating the patient from

duty for several days, it became very important to ward off. To this end, the daily administration of quinine was commenced. In a few instances, a second dose of quinine, and that at evening, was found necessary. The result was in every respect satisfactory. Notwithstanding quinine in five, and in some instances ten grains daily was administered to each member of the party, after three months trial, "in calculating the average consumption of quinine per day for each individual, it was found to be *about ten per cent. less than in the previous two months.*" The doctor thinks an attack of fever is always preceded by premonitory symptoms that can be detected by an intelligent observer; if the daily dose is too small to prevent a fever, an increase made at the first onset of the premonitory symptoms may still prevent an attack.

Dr. Merritt says the absence of fevers, and the better condition of the health of the party, was not owing to the acclimation; for, if by carelessness or other causes the daily dose was interrupted, an attack was sure to return, and with usual severity.

In contrast to these good results, it may be observed that another physician joined the party from a spirit of adventure. He was a specimen of a robust man in good health, of good habits, action, and adopting all usual sanitary measures; but, what is unusual with an intelligent physician, was opposed to the use of quinine. He was advised to take the quinine as a prophylactic, but refused to do so. In about six weeks, "he was prostrated by a congestive chill, from which he never recovered, although heroic measures were then adopted to bring about reaction."

After a two years' sojourn in the locality above mentioned, the mining operations were disposed of to an English company, composed of twenty-three persons. The surgeon of the company was warned, but neglected to use the prophylactic. The result was, that in less than a month there were only five members of the staff, excepting the surgeon, able to perform duty, and three of the five mentioned had taken some quinine at irregular intervals; the benefit of which had been taught to them by previous experience in Brazil and the East Indies.

"Of the remaining seventeen officers and miners who had been attacked by the malarial fever, three had died within a week after the paroxysmal development of the disease, and the other fourteen were invalidated and sent home, after a month's treatment with full doses of

quinine, in a deplorable state of shattered health."

After another year's stay in the above-mentioned locality, Dr. Merritt became connected with a party of miners in New Grenada, where he still continued his prophylactic treatment for six years longer, and he says: "It was my good fortune not to have a fatal case, or protracted convalescence from malarious disease, either with northerner or native." He thus concludes:—

"In conclusion, my deductions from the experience of nine years' use of quinine in tropical, malarious districts are: 1st. That no serious harm to the system ensues from the long-continued and judicious use of quinine. 2d. That quinine, given as a *prophylactic*, will certainly prevent the developments of miasmatic disease, and neutralize malaria already in the system. 3d. That the amount of quinine required to maintain a status of health under malarious influences is much less, when used as a *prophylactic*, than as a *curative* after development of miasmatic disease. 4th. That the amount of quinine required as a prophylactic is more uniform than as a remedy after attack of malarial disease. 5th. That quinine will not always restore to health a person after repeated attacks of malarial cachexia, especially if not removed from the miasmatic influences. 6th. That cold, clear infusion of coffee is the preferable diluent for morning dose, and whisky for the evening dose of quinine as a prophylactic. 7th. That quinine dissolved in spiritus nitrosi dulcis, produces very happy effects when administered during paroxysms of malarial fever."

We regard this as an all-important subject. At any time, in malarious regions, and during the malarious seasons, to those subject to the influence of the poison and liable to suffer from its peculiar morbid impressions, the subject comes with tidings of joy and words of comfort. But at the present time, should war continue to desolate our land, when we have more than half a million of unacclimated soldiers, liable to be called into the intensely malarious regions of the South, the subject has a politico-economical bearing, besides centering upon our emotional feelings of humanity. Our army surgeons may have an opportunity to settle the question of the prophylactic powers of quinine beyond dispute. To them we commend the subject, and we have no doubt they will improve their opportunities.

#### OPIUM IN DISEASES OF CHILDREN.

In another part of our *Summary*, p. 486, reference is made to a clinical lecture upon belladonna, by Prof. A. Jacobi, in the *American Medical*

*Monthly.* By some carelessness, we overlooked a clinical lecture by the professor, delivered in the New York Medical College, and published in the previous number of the above-mentioned journal. As the professor's experience is large, and his views eminently sound and practical, we shall call our readers' attention to the lecture.

The diseases of infantile life require especial study, as the child presents many idiosyncrasies that are unknown in adult life. Prof. Jacobi truthfully says: "For the purpose of attending the diseases of children, it is not sufficient to diminish and sweeten the doses administered to adults."

Though children are more readily affected by opium than adults, Prof. Jacobi does not regard this fact as a valid objection to its judicious use. He regards it as a valuable remedy in a variety of diseases and conditions of disease. We instance *cerebral irritation*, catarrh of the stomach and intestines, laryngeal catarrh, etc. We should add quite largely to this list, though these conditions may occur in a great variety of diseases.

Prof. Jacobi makes a practical remark here that may have reference to all other remedies as well as opium. The same idea we have expressed on several previous occasions, but it is deserving of frequent repetition, until it becomes the ever-present idea in the administration of remedies. He says:—

"Lastly, I wish to direct the attention to Schoepf Merei's assertion, that whenever opium has been really indicated, he has not been unfortunate in its administration. I go farther, contending, as I have done in a lecture delivered a long time ago in the College of Physicians and Surgeons, (*New York Journal of Medicine*, September, 1859,) that whenever a medicine is really indicated, it is tolerated in large doses. Thus it is, that in peritonitis, for instance, in children, we may at once resort to large doses of opium, availing ourselves of the discovery of Prof. Clark, as well in children as in adults, and following the example of Prof. G. T. Elliot, published some years ago; thus it is that, in a number of cases, opium will sometimes be tolerated in really immense doses."

We would say, be sure of the correctness of the indication, and then go forward with boldness. We have no fear of consequences where a physician is clear and correct in his indications, though he prescribes with boldness; but large dosing with active remedies, where the indications are confused and uncertain, is but a "kill or cure" rashness.

To the same point he observes:—

"Without a correct diagnosis of the condition of the brain, opiates are not advisable; but I desire this principle not to be forgotten, that without a correct diagnosis, no powerful remedy ought to be administered; and less than any others, antiphlogistics and antiplastics, so readily resorted to in every and any cerebral complaint."

We cannot give the professor's many indications for the use of opium in infantile diseases. As a sample, however, we will quote one in reference to the difficult subject of *cerebral irritation*:—

"The general impressibility of the nervous system in infantile age, both central and peripheric, is an undoubted fact; we observe a number of nervous symptoms in which we are unable, as yet, to discover any anatomical lesion, either their central or peripheric; we know, even, that the majority of attacks of convulsions in infantile age are reflected, and we are, therefore, justified in assuming that a central organ receiving such impressions and irradiating them again to its periphery, must occasionally be in a thorough state of irritation, without intense anatomical alteration. In such cases, the diagnostical differences of which are stated by the books, I mostly rely on the use of small doses of sulphate or acetate of morphia, or codeinum.

R.—Solut. morph. (Magendie,) gtt. v;  
Aque, f3j. M.

D.S. Three times a day, half a teaspoonful, to a child of half a year or a year of age."

In regard to the appropriate doses of opium for a child, he observes:—

"The late Schoepf Merei, the director of the Children's Hospital at Pesth, Hungary, and afterward Professor of Infantile Pathology in the Manchester (England) School of Medicine, and well known as a medical writer, prescribes opium very rarely to the newly born; from the second to the third week, his medium dose is the hundred and twentieth of a grain; from three to six weeks, one-hundredth; from six to eight weeks, one-seventieth; from two to four months, one-fortieth of a grain. The action of a proper dose of opium is, according to Schoepf Merei, manifested half an hour after its exhibition, and lasts from three to six hours."

These, he says, are exactly the doses he uses, but he differs in regard to the duration of the action—he has found it shorter, and, consequently, repeats the dose every three hours so long as the indication is present.

We hope Prof. Jacobi will continue his lectures upon *Infantile Pathology and Therapeutics*, and publish in book form. We have several works upon diseases of children, but we have room for another, such as Prof. Jacobi could write.

TREATMENT OF CONGESTIVE AND INFLAMMATORY DISEASES OF THE BRAIN BY CAUSTIC ISSUES ON THE SCALP.

Before the New York Medical and Surgical Society, as per report in the *American Medical Times* for November 23d, Dr. Post made a few remarks upon the above subject. He applies these caustic issues to the scalp, about an inch from the median line on either side. The part is first covered with porous paper, and afterward moistened with nitric acid. Dr. Post's remarks were made with reference to diseases of children.

"He stated that he had occasion, several years ago, to resort to this practice twice in the same case. In his opinion issues applied in that manner had been much more effective than blisters. He had followed these children up for several years, but had not noticed any deficiency in intellect. He had resorted to the same practice in one or two cases of coma and convulsions, occurring in the adult after injuries of the head, and the symptoms have been very much relieved. The patients, however, subsequently, following out the general rule in those cases, died."

In a case reported of a child, three years of age, who had been in a somnolent condition for three or four days, and whose symptoms were supposed to be the result of tubercular meningitis, improvement was quite marked after the use of the caustic issues. Iodide of potash was administered to the little patient, conjointly with the application of the issues, in two-grain doses, repeated every four hours. Considering the power this remedy has over the symptoms as present in the case reported, we think it is hardly just to give all the credit to the issues.

MERCURIAL TREATMENT OF MORBUS COXARIUS.

In the *Chicago Medical Examiner* for November, Dr. W. Godfrey Dyas has an article upon the above subject. He regards the mercurial as the most efficient of known treatment in the early stage. He says:—

"For many years I have had abundant opportunities of appreciating the importance of this plan of treatment, which, I feel confident, is able to cut short the disease in its first stage, to lessen pain and suffering, and to bring about a cure without deformity." \* \* \* "In employing the mercurial treatment, we must remember there are, at least, two ways of doing anything, and we should, therefore, ascertain accurately, beforehand, in what respect the right way differs from the wrong. In view of this, we should commence the treatment at an early period of the disease, and not defer it until the latter shall have advanced to complete disorganization."

\* \* \* \* "The mercurial must be introduced rapidly into the system, not slowly, and in alternative doses. The former mode tends to benefit, the latter never fails to impair, the scrofulous constitution."

This is not a new method of treating this disease, neither does Dr. Dyas so regard it. It is not in accordance with the usually adopted treatment, and yet, we doubt not, the treatment would be judicious, if we could always select our time and conditions. We very seldom see this disease until, it seems to us, the stage has passed for the rapid mercurial course. Perhaps we are in error. In the very first and active stage of the inflammation, the course advised is quite appropriate, to be followed by a tonic—the two conjointly are not incompatible, if the circumstances of the case demand it.

Dr. Dyas' views, in regard to surgical operations and mechanical appliances in this disease, we have not space for. In the later stages, we think he greatly underrates their utility.

CHRONIC OZÆNA TREATED WITH IODIZED CHLOROFORM.

In the *Chicago Medical Examiner* for November, Prof. Wm. H. Byford and Dr. F. W. Reilly report cases of ozæna treated by inhaling through the nose a combination of iodine and chloroform. The prescription used varies from ten to twenty grains of iodine to the ounce of chloroform.

"This prescription is used by applying the open phial containing it to one nostril, while the other is closed with the finger so as to prevent the air from entering. As much of the vapor is inhaled in this way as can be taken with the inspired air, until the patient is conscious of a slight effect from the chloroform. He should now desist for ten minutes, and then inhale through the opposite nostril in the same way and to the same extent. This should be repeated two or three times a day, persistently, for a length of time. The secretion of the Schneiderian membrane is modified almost immediately upon the beginning of this inhalation. \* \* \*

"Should there be any objection to the vapor passing the glottis, it can be snuffed with short instead of deep inspirations, but the inflammation often affects contemporaneously, if not continuously, the mucous membrane of the fauces, pharynx, larynx, and bronchi, and is just as beneficially influenced by the remedy in those parts as in the nose."

For several years Prof. N. S. Davis has been in the habit of using this preparation by inhalation—

"In tuberculosis accompanied by a harassing cough, in tubercular laryngitis, and in inflamma-

tions involving the fauces and Schneiderian membrane, and with a good degree of success."

Dr. Reilly says:—

"Some five or six years since, Dr. Davis commenced the use of iodine in this manner in tuberculosis," etc.

And further:—

"I do not know that its use has been made known to the profession, nor, so far as I can learn, is it prescribed by any physician of this city, except Drs. Davis and Byford."

The iodine vapor was not first used by Prof. N. S. Davis in tuberculosis, as is inferred by Dr. Reilly.

In the *Iowa Medical Journal* for June, 1855, (nearly seven years ago,) Prof. D. L. M'Gugin, of Keokuk, has an interesting article upon the inhalation of iodine vapor in phthisis, chronic bronchitis, etc.

Two very interesting cases are reported, illustrating the good results of this treatment. The first was an evident case of phthisis, complicated with that condition of the bronchial mucous membrane peculiar to clergymen.

"In a few days after he began its use, his cough was less harassing, the sputa diminished in amount, his breathing as yet not much slower was nevertheless easier, his voice improved to a tone of more compass and a better resonance; his appetite and digestion also amended.

"A persistence in its use resulted in still further relief to the cough; the breathing now was slower, the muco-purulent matter diminished in amount, and the expectoration was now attended with but little effort, the soreness of the throat was relieved, the occasional rigors, fever, and colliquative sweats, had disappeared in a month, and his strength was so much improved as to enable him to leave the house and take exercise in the open air."

Dr. Reilly is mistaken, also, when he says that iodine inhalation has only been used, in Chicago, by Drs. Davis and Byford.

In the *Nashville Journal of Medicine and Surgery* for September, 1859, Dr. J. N. Graham, of Chicago, has an article upon *Medical Inhalation in Consumption*. He thinks well of inhalation, and reports several cases illustrative of benefit. He recommends Minthons's Inhaler. We give a formula or two, which he uses:—

"R.—Acidi hydrocyanici, f3ij;  
Vin. ipecac.  
Tinct. opii camph., aa f3ss;  
Tr. conii, f3ij;  
Aque rosæ, f3xij. M.  
Inhale  $\frac{1}{2}$  oz. three times a day."

"R.—Cyan. potassæ, gr. viij;  
Ext. stramonii, 3ijss;  
Tr. ipecac. 3ij;  
Tr. lobeliæ,  
Tr. stramonii, aa f3vj;  
Lac. assafœtidæ, f3iv. M.

Inhale a teaspoonful three times a day."

It is our opinion that regular physicians have too much neglected inhalations. The suffering consumptives, at least, have confidence in them, and they have long been the stock in trade upon which quacks have flourished. If physicians would give inhalations that attention which their importance demands, we have no doubt that many consumptives would be kept out of the hands of ignorant and unprincipled quacks.

The vapor of iodine by inhalation, in bronchial and tubercular diseases, had been recommended and used even before the publication of the paper by Prof. M'Gugin. In combination, both with ether and chloroform, the iodine has since been administered by inhalation.

Though consumption is a constitutional difficulty, and not to be cured by local means, yet if some distressing symptoms can be thus relieved, the means are not to be despised because not able to accomplish all that could be desired. In ozæna, and in many cases of chronic bronchitis, we have no doubt but good may result from such inhalations. The masses have much faith in the inhalation treatment of consumption. Consumption cures and traveling doctors have catered to this faith and confidence, and reaped a golden harvest. From the hands of the knavish, advertising pretenders, and ignorant, traveling mountebanks, this interesting class of cases should be wrested and handed over to the honest and intelligent physician, who will bring to such sufferers all the aid that science and skill has at present at command. The gold that has filled the pockets and built palaces for these ignorant, black-hearted, inhaling mountebanks, should reward science, high professional skill, industry and honesty. It is quite probable that physicians could use inhalations much more than they do, and with a mutual benefit to their patients and to themselves. We would not be understood as overrating this means of relief or cure. Believing, as we do, that tuberculosis is a constitutional disease, we can but express our conviction that cures of phthisis by inhalation must be exceedingly rare. In all constitutional diseases with a local determination or manifestation, we can imagine how local means will be of service; but

how, by their agency alone, radical and permanent cures can be effected, we cannot so easily conjecture. Be the local medication what it may, whether inhalation or bronchial injection, in tubercular diseases they should, in our humble opinion, be auxiliary to constitutional remedies. The tubercular diathesis, if eradicated at all, can only be so through constitutional means; while bronchial inflammation and tubercular excavations may be advantageously treated by local applications. If physicians would explain to their consumptive patients the true nature of tubercular diseases, and the respective merits of local and general remedies, and judiciously combine them to meet the indications of each case, the members of our profession would receive, at the hands of consumptive invalids, that confidence of which they are deserving; while inhaling quacks would dwindle to their just proportions, and receive less of encouragement and support.

Not less than five years ago, we used iodine, dissolved in chloroform, by inhalation, in bronchial and tubercular diseases, with marked benefit to some of the most distressing symptoms. At that time we supposed we were original in our combination, but we have since learned that we had been anticipated in such use of this compound vapor.

Nearly six years ago, we found most marked temporary relief from most distressing symptoms, in the very last stage of pulmonary tuberculosis, by the inhalation of chloroform. The relief was so decided and satisfactory, that the dying patient would beg most earnestly and piteously for its frequent repetition. This experience, after reading the article by Prof. M'Gugin, on iodine inhalation, induced us to combine the two remedies and thus let the patient inhale the compound vapor.

The physician who is well acquainted with the respective properties of these two remedies will readily see that their local use, under many circumstances, is capable of accomplishing much—at least temporary—benefit even in phthisis and in oœna, and bronchitis probably, under favorable circumstances, for effecting cures.

#### CAN A PERSON BE ANÆSTHETIZED DURING SLEEP?

This is a very important question, and one which has medico-legal bearings. This question was under discussion before the Medical Society of Buffalo, at its meeting for September 6th,

1859. The discussion was reported in the *Buffalo Medical Journal* for October, 1859. Prof. Hamilton expressed the opinion "that a person during sleep cannot be anæsthetized by chloroform." Most of the members present coincided in this opinion. Dr. Wyckoff, however, dissented. In the *Buffalo Medical and Surgical Journal and Reporter* for November last, Dr. T. F. Rochester, referring to the subject, says that he has recently, "with the greatest facility, twice completely anæsthetized a sleeping child with a much less amount of chloroform than was required by the same patient when awake."

We confess to having been skeptical in regard to the possibility of effecting anæsthesia under these circumstances. We had supposed that if the cloth or sponge were brought near to the face, the unnatural sensations which its inhalation would produce would awaken the subject before the anæsthetic properties of the agent were manifested. If the chloroform was so remotely placed as not to excite these unnatural impressions, we had supposed the vapor would be so diluted with atmospheric air as to render it inefficient as an anæsthetic. These suppositions, however, are worthless when opposed to actual facts. The experience of Dr. Rochester, if supported by the experience of others, is of the first importance in a medico-legal point of view.

#### PERSULPHATE OF IRON IN "BRIGHT'S DISEASE."

Before the Buffalo Medical Association for October 1st, as per report in the *Buffalo Medical and Surgical Journal and Reporter*, Prof. White speaks highly of the persulphate of iron in "Bright's disease."

He reports a case that proved rebellious to other remedies, in which this remedy was used with very marked benefit. The solution of this remedy was employed in doses of fifteen drops three times daily, at first, and subsequently increased to thirty-drop doses. At the end of three months, Prof. White says:—

"He works a part of the time at his trade, and bears exercise without exhaustion. The œdema in the lower extremities is greatly lessened, and the size of the abdomen greatly reduced. Upon testing his urine with heat and nitric acid, no albumen could be detected."

Prof. Rochester also reported a case of the same disease, treated in like manner, with the same happy results.

BELLADONNA IN HOOPING-COUGH, INCONTINENCE  
OF URINE, ETC.

In the *American Medical Monthly* for October, Prof. A. Jacobi has a clinical lecture upon belladonna in the treatment of diseases of children. The article is deserving of entire reproduction, had we the space at command. A few extracts must suffice.

"Belladonna is the most powerful remedy in whooping-cough. I scarcely remember a single case in which its administration, for years past, proved unsuccessful in shortening the duration of the process. The result obtained by me has generally been this: That a well-developed case of whooping-cough, after the diagnosis was made certain beyond a doubt, would last for only three or five weeks longer, instead of running through its full course of months and quarters of a year. The effect is generally not a sudden one."

After considering the objections to its use, and remarking upon the inefficiency of the doses, as prescribed by many, as for instance a sixtieth, a forty-eighth, or a thirtieth of a grain, he says:—

"These doses could not but prove unsatisfactory, and thus it happened that the remedy was misappreciated and given up. \* \* \* \*

"Infants of six or eight months of age, affected with whooping-cough, require a sixth of a grain of either the root or the alcoholic extract three times a day; children of three or four years tolerate three doses, each of half a grain. These doses appear to be very large in proportion to those tolerated by adults, but it is a fact which can be easily verified, that the effect of belladonna on the pupil and brain will hardly ever be perceptible in children from these or smaller doses."

In regard to the objections to these full doses, he observes that—

"I, for my part, soon found that those children suffering from whooping-cough who exhibited general erythema from an apparent overdose, recovered soon, while others, in whom no such symptom was observed, remained sick for a long time; and continued experience has proved that the occurrence of this symptom is absolutely necessary for the full remedial effect. To obtain a cure in whooping-cough, the remedy *must be given* in a dose sufficient to produce erythema, or at least a flushed condition of the face, and, as it were, feverish appearance after every dose of belladonna. Thus the dose is to be gradually increased until this result is obtained. It is a remarkable fact that very young infants may take unproportionately large doses; at all events, I do not remember a single case in which less than half a grain was taken in the course of a day."\*

\* The italics are ours, wherever used in this article.

The following is one of Dr. Jacobi's prescriptions:—

"R.—Extr. bellad. alcoh., gr. vj;  
Aque, fss. M.

"S. Twenty drops three times a day, (for a child of three years.)"

We may here observe that Prof. Jacobi's experience in the diseases of children is, perhaps, unsurpassed by that of any man of his age in America, and his opinions are entirely worthy of credit. To many, and perhaps most, of our readers this last remark is entirely unnecessary.

The doctor does not lay claim to priority in the use of belladonna in whooping-cough. We have used the belladonna in whooping-cough since 1852, and with most satisfactory results. We commended it in the *Amer. Med. Monthly* for 1859, also in the same journal for 1860. In the August number of the *American Journal of Medical Sciences* for 1839, Dr. Jackson, then of Northumberland, published a paper upon the use of belladonna in whooping-cough. In the same journal for October, 1852, Dr. Hiram Corson has a paper upon the same subject. Dr. Corson was in the habit of curing his patients in from one to two weeks. We think Prof. Jacobi would get better results by giving smaller doses oftener repeated. At least, this is our method. We have followed Dr. Corson, and as the subject is of great importance, we shall quote Dr. Corson's method. He says:—

"I put eight grains of extract of belladonna into one ounce of water. Nine drops of this solution contained just one-eighth of a grain of the extract."

In a case reported, Dr. Corson says:—

"Of this I directed him to give his child nine drops every two hours until the pupils were dilated, face flushed, mouth dry, and vision confused. If these effects were not produced the first day, then to increase the dose three drops daily. I was informed that the child was entirely cured in a week."

Returning to Dr. Jacobi's lecture, we quote a remark upon the influence of belladonna over incontinence:—

"Incontinence of urine is another of the troublesome affections which are in almost all cases easily removed by the administration of belladonna. From the almost regular effect it has, we must conclude that the majority of cases depend on increased irritability of the bladder, which is relieved by the administration of the narcotic."

Prof. Jacobi says he has given the belladonna in every case of incontinence of urine that has

come under his observation during the past four years, and he has

"Not seen a single case in which the medication proved unsuccessful. A complete cure was generally obtained in half a week or a week, by doses of the same strength, or a little less than those given in whooping-cough."

In incontinence of feces, Prof. Jacobi has found the belladonna equally efficacious.

The doctor has no confidence in the prophylactic powers of belladonna over scarlet fever. His opinion is based upon a carefully observed personal experience. The medicinal powers of belladonna, like those of arsenic and strychnine, have not been sufficiently appreciated.

#### POISONING BY BELLADONNA—RECOVERY.

In the *Lancet and Observer* for October, Dr. Samuel Willey, of St. Paul, Minnesota, reports an interesting case of poisoning by belladonna. The patient was his own "little boy," whose age is not given; he ate about thirty-five grains of extract of belladonna. Within half an hour the child's stomach was emptied by means of an emetic. Olive oil was given by the mouth, and subsequently calomel and castor oil, with a view to cathartic action. Twelve drops of laudanum were given by enema, while strong coffee and vinegar and water were, for the first ten hours, relied upon mainly as remedies. At this juncture

"Complete coma ensued, the face and lips became livid, extremities cold, radial pulse scarcely discernible, breathing difficult and stertorous, with total insensibility to pinching, pricks of pin, slapping, dashes of ice water over face, or vapor of ammonia, and speedy death seemed inevitable."

At this stage, a galvanic battery was brought into requisition, and the

"Strongest possible shocks administered over the regions of the thorax, neck, and spine particularly."

In three or four hours slight improvement became manifest. For fourteen hours the shocks were continued at short intervals. Coffee and beef-tea were the only remedies administered during this interval. The patient made a good recovery.

We quote this case, partly from the interest which attaches to it from its recovery from alarming symptoms, through the instrumentality of electricity, and partly for the purpose of making a remark or two upon the case.

We believe opium to be one of the best remedies in cases of poisoning from belladonna that can be administered. After emptying the stomach, we should have given it in repeated doses, not so much with regard to quantity as to effects; we should have persevered with it until the pupils had been made to contract, unless symptoms of opium poisoning had supervened. Strychnine, counter-irritants to the spine, and electricity would have been good adjuvants.

Coffee, or its principle, caffeine, is a good antidote to opium poisoning. Regarding the action of opium and belladonna as almost antagonistical, at least quite dissimilar, if coffee is an antidote to opium poisoning, is it probable that it is an important remedy in belladonna poisoning? May it not, in the case reported, have been worse than useless? In the case reported, opium was given but once, and then only by injection.

"Not the slightest contraction of the pupils occurred until twenty-two hours after the accident, and then but slightly."

Purely antidotal remedies should have brought about contraction of the pupils to a normal standard.

#### THE DIVISION OF THE GUSTATORY NERVE, AND THE LIGATURE OF THE LINGUAL ARTERY, IN THE TREATMENT OF CANCER OF THE TONGUE.

The principal object of the author was to revive an operation which had been devised by Mr. Hilton, once practiced by him in the year 1850, and though of much value, never again performed. Among the many sources of the peculiar painfulness of cancer of the tongue, irritation of the fifth nerve could be assigned as occasioning the pain of so much of the tumor as was in front of the fauces; the tenderness of the ulcer, the pain in the regions of the parotid, ear, temple, and crown of the head, and the excessive secretion of saliva. All these being traceable to the encroachment of the disease on the gustatory branch of the fifth, the section of that nerve between the disease and the brain should relieve them. The cases showed much relief to be instantly afforded when the nerve had been divided. The operation, as practiced by Mr. Moore, consisted in cutting through all the soft structures on the inside of the ramus of the jaw by an incision, commencing immediately behind the last molar tooth, and extending three-quarters of an inch in a direction toward the angle of the jaw. The only structures which could be divided by such an incision were the mucous membrane and a part of the mylo-hyoid muscle, with the gustatory nerve descending forward between them, about half an inch from the tooth, and nearly at a right angle with the direction of the incision. It was

advisable to operate with a curved knife, as the alveolar ridge might shield the nerve from the edge of a straight one, and also to cut outward quite to the bone. The author had operated in five cases of cancer of the tongue, three of which were given at length. The relief was immediate. Salivation, the pains and tenderness of the tongue, and the reflected irritation of the fifth nerve, were all gone at once. Soreness of the wound, with swelling, remained for some days; but after that the patients took food, swallowed, and spoke with comparative ease. They slept, and improved in general health. The tongue in each case was absolutely insensitive on the side operated on from the anterior pillar of the fauces forward, and no sapid substances aroused taste in those parts. One patient frequently, on awaking from sleep, found himself chewing the cancerous mass in his tongue between his toothless gums, but the compression occasioned him no pain. The relief was permanent so far as the gustatory nerve was concerned, but when the disease invaded the area of the glosso-pharyngeal nerve, new pain arose. One patient had been operated on in August, and had no return of pain up to the present time—a period of three months. In the last-mentioned case the author had attempted to benefit the patient, in whom extirpation was unsuitable, by withdrawing from the tumor its nourishment of blood in addition to its nervous influence. He accordingly tied the lingual artery on the side of the disease two days after he had divided the gustatory nerve. The ulcer became paler after the operation, but neither sloughed nor healed, and in five weeks the whole tumor was perceptibly smaller than before the operations. From that time the tumor began again to increase. The author had desired, upon the renewal of growth in the tumor, to tie the opposite lingual artery also, but the patient was content with the amount of ease which he was enjoying, and indisposed to incur a renewal of the pain which had followed the first operation.—*Royal Medical and Chirurgical Society—London Med. Times.*

#### VAST ABSCESS OF THE BRAIN WITHOUT SYMPTOMS.

M. Richet related in the Society of Surgery the case of a youth, aged 18, who applied as an out-patient at the St. Louis, on account of a purulent discharge from the ear. So little inconvenience did he feel from his ailment, that he was with difficulty persuaded to enter the hospital for treatment. With every appearance of excellent general health, he died suddenly next day, immediately after the occurrence of a convulsive paroxysm. At the autopsy, the petrous bone was found diseased, but the dura mater covering it had not undergone any change. The cavity of the tympanum was filled with pus, which obtained its discharge both by the meatus and Eustachian tube. All the convolutions of the left hemisphere had become effaced, and a collection of pus occupied the whole of the

sphenoidal and occipital lobes, the parietal lobe remaining alone intact. Very small abscesses were scattered throughout the parietal lobe. This patient had never manifested the slightest intellectual disturbance, and no symptom indicated the existence of cerebral lesion, when the pus, bursting into the lateral ventricle, caused instant death.—*Gazette Hebdomadaire*, No. 46.

#### TREATMENT OF CATARACT BY EVACUATION OF THE AQUEOUS HUMOR.

Dr. Sperino, of Turin, states that in the course of his investigations on the effects of evacuation of the aqueous humor in the treatment of affections of the bulb of the eye, he has found that if, in individuals suffering from cataract, the aqueous humor be evacuated daily, or every two or three days, the opaque lens gradually reacquires its pellucidity, the sight as progressively improving. Even in those cases in which complete success is not attainable by means of this evacuation, this, by ameliorating the condition of the vascular functions of the interior of the eye, places the individual in more favorable conditions for the subsequent performance of an operation. However, in many cases the success has been complete; and, contenting himself at present with announcing the fact, Dr. Sperino is about to publish an account of the researches which led him to the discovery of the mode of procedure, and of the relative amount of success which attends its employment in the different forms of cataract.—*Union Médicale*, No. 143.

#### FATTY DIARRHŒA ATTENDING DIABETES.

M. Bouchardat describes a symptom attending diabetes, to which he gives the name of *pimelorrhœa*. It sometimes happens that, after the quantity of urine has been reduced even to the normal standard, the general health of the patient continues impaired. This is generally attributable to loss of appetite, or insufficient or improper nourishment; but sometimes, even though the appetite and the food be apparently good, there are irregular, frequent, and abundant alvine evacuations. Many diabetic patients have obstinate constipation, accompanied periodically by very copious alvine dejections, and sometimes by bilious vomiting, followed by extreme prostration. M. Bouchardat relates, in illustration, the case of a diabetic patient under his care, whose urine had become normal in quantity and quality. A large amount of starchy food was taken, and still the patient became daily more weakened, and emaciated. On examining the stools, which occurred five or six times in twenty-four hours, M. Bouchardat found them copious, black, with little odor, and of semi-solid consistence. At the time when they were discharged, a large quantity of oil floated on them, and became solid on cooling. The fat evacuated consisted of oleine, margarine, and stearine, with traces of cholesterine. This discharge of fatty matter took place in spite of

the removal, as far as possible, of all fat from the food. On several occasions, however, M. Bouchardat succeeded in diminishing it by reducing the supplies both of fat and of starchy matters in the food, and by ordering regular and energetic exercise. The patient's occupation, however, being sedentary, prevented him from carrying out the instructions fully; and he died after a severe attack of diarrhoea. M. Bouchardat believes that this fatty diarrhoea attending diabetes results from the exaggerated transformation of the starchy materials into fat; and that it is only a transformation of diabetes or glycosuria. In diabetes the sugar is carried off by the urine; in *pinelorrhœa* the fat is removed by the intestines. The symptoms in both forms of disease are the same, only they are more violent in *pinelorrhœa* than in diabetes. — *Bull. Génér. de Thé.* and *Brit. Med. Journal*.

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### THE MEDICAL AND SURGICAL REPORTER.

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PHILADELPHIA, SATURDAY, FEBRUARY 22, 1862.

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**REMOVAL.**—The office of the *REPORTER* has been removed to the N. E. corner of Seventh and Sansom Streets, below Chestnut. Correspondents will be careful to note the change. tf.

### THEORIES IN MEDICINE.

Theories in medicine, like the fashions of the day, are evanescent, changing. The fashion which governs the dress of to-day is not the same that ruled yesterday, or that may be in vogue to-morrow. And yet revolving as it were in a circle of large diameter, the disappearance of one is not only the signal for the reappearance of another, but the cycle once completed, begins not a round of *new* fashions, but a *new* round of old ones. So in medicine. Theories once considered sound and impregnable have been obscured to the vision by the rapid rising of new ones, and these in turn have disappeared to give place to others, till the cycle seems at last nearly completed, and the theories in medicine of to-day are many of them only a resurrection of ages long past.

The fashions of the present find their counterpart in the past, modified, it may be, somewhat by the fancied superior intelligence and refinement of the present, still not losing the marks which determine their essential identity. So in medicine. The popular theories of the present day, to some extent, have their roots extending back far into antiquity, and, save the inviting foliage and flowers with which they are now

bedecked, have little to distinguish them from the age of the fathers.

So marked and prominent is this fact, that some have even doubted whether any actual progress has been made in medical science. Others have been disposed to regard progress as a farce, or as a mere will-o'-the-wisp that appears only to tantalize and to vanish. And still others have contemptuously rejected all new theories that are advanced, and regard them as innovations, not progressions.

Still, change keeps at work. Regardless of the croakings of the misanthrope, or the rantings of the self-conceited and self-sufficient, the mighty element of progress, like the leaven in the meal, shows its workings in the remotest corners of human knowledge. If there be not elements from which new combinations can be formed, there are yet elements around which new attractions may be made to gather as a nucleus, and from which brighter and more brilliant rays of light may radiate. The old Brunonian system of pathology, which recognized but two classes of diseases affecting the system, sthenic and asthenic, may be exploded; but the Brunonian practice of stimulation has become the element, gaudily decked with the fascinating charms of art, which has reappeared in our age to force itself upon our adoption. Who now objects to stimulation in one form or another, in the diseases of the day? Nay, what physician does not employ it freely, largely? And who shall say that within a few years to come some bold thinker and heroic actor in medicine, "tired of seeing patients die with their skins filled with whisky," and their senses benumbed with opium, will not take up again the lancet, now grown rusty in its case, and demonstrate its benefits by rescuing his patients from certain death? Who now deems the blood-letting "*coup sur coup*" of Bouilland and his followers the proper theory of treatment in any disease? Yet it is but a few years since even that theory had its warm advocates. It has passed away among the rubbish of the past, but the lapse of time may bring it again into vogue, and in a new dress it may compel our admiration and belief. So the *expectante* practice of a few years past, the *vis medicatrix nature*, the power in nature which, if not overpowered, enables her to shake off disease, has its counterpart in the teachings of our own day. We are cautioned to study the workings of nature, and throw in our drugs only when we can aid her stragglings to

rid herself of an enemy to her integrity. But this theory may yet be exploded and another turn of the wheel may bring into vogue the bold, heroic practice of a period still farther back. So also of particular remedies. Many which were once thought to be of great value have lost their place in the *materia medica*, and some that have thus been condemned as worthless or inert by scientific men, have been brought into requisition by old women and quacks, and as they grew in repute, regained their place in the *Pharmacopœia*.

Cullen, in his day, assailed the practice, then countenanced by one medical authority of some note, of giving *burnt toad* as a remedy in certain diseases. He fortunately succeeded in discarding that article from the *materia medica*; but the burnt toad still finds a counterpart in the use in this day of *horse-hoof* for epilepsy.

But these are only isolated cases, yet enough to illustrate the idea we intend to convey, and to show that the change which is constantly going on in the material world around us is but a type of that constant change which, like the rising and receding wave, carries upon its crested summit the opinions and theories of men, only to engulf them in the bosom of the deep at its return and give them a new chance to rise again with the returning surge. And thus has it been from the earliest ages of medicine down to the present. Opinions have constantly conflicted; theories of one age have given place to theories of another, each again, in the revolving cycle, reappearing in new form. And so the practice of one generation, or of one class of physicians, has also been in conflict with that of another, and each can point to standard authority in the medical literature of the past for a confirmation of his peculiar mode.

Now what is the meaning of all this conflict of medical opinions and practice? Is there no *real* progress? Do we but readopt the exploded theories the fathers discarded? Nay; this is one of the methods in which *real* progress can be made. This is the crucible in which all opinions and theories are melted, and in which the pure gold of truth is separated from the dross of error. As each doctrine rises up from the sleep of the past to claim recognition in the present, some keen-sighted genius strips it of its old habiliments, till that which is true in it appears like the gold well refined, and that which is false disappears as the phantasm of the imagination. And

so each step is really one in advance—*progression*, not *regression*. If new theories are not actually promulgated, (there is nothing new under the sun, says the wise man,) still new methods of applying the old are introduced, and progress is thus evident. Medical doctrine and practice have undergone many changes from the days of Hippocrates to the present, and no doubt those of this day may pass away also like their illustrious predecessors. Be it so, if it be in the direction—as to the most casual observer is visible—of an improved hygienic and of a simplified treatment of disease. Be it so, if but the indications of nature shall be followed as the guide of our therapeutics, and natural rather than violent agencies be employed in eradicating “the ills that flesh is heir to.” Theories are worthless unless they have for their foundation and superstructure something more substantial than the “baseless fabric of a vision.” Opinions are of no value, save as they point to truth as the great end of all investigation. These may all pass out of fashion and be superseded by others, while the constant attrition of change and displacement will only bring out from the rubbish the brilliant gem we seek—truth.\*

#### SENATORS WILSON AND HALE AND THE MEDICAL DEPARTMENT OF THE ARMY.

A few days since Senator Wilson introduced into the Senate a resolution of inquiry into the management of the Government Hospital at Alexandria, Virginia. The remarks made by him and by Senator Hale were so astounding in their character, if true, that we preferred to wait further developments before commenting upon or publishing them. We confess to a disposition to regard the furious onslaught made upon the Medical Department of the Army, and “the complaints” relative to it “from all over the country,” very much in the light of an electioneering scheme for the accomplishment of a particular sinister end. And especially have we so regarded them since those complaints have not, until now, assumed any tangible shape, but have been confined to vague and indefinite generalities. But these statements of grave senators in their places present the matter in a new aspect. Senator Wilson said:—

“There were complaints from all over the country about the Medical Department of the Army,

and he (Wilson) had no doubt that department was entirely inadequate to meet the wants of the army. He had seen certificates from sick soldiers that they had actually to go to the swill-tubs to enable them to live in the hospital at Alexandria. There were reports from all the hospitals that were disgraceful to the country."

And Senator Hale, in still stronger language, developing more the bitterness of the partisan than the candor of a well-balanced mind, said:—

"There is a perfect jam of dead logs at the head of the Medical Department. The Senator from Massachusetts (Mr. Wilson) has not gone far enough. The old foggy notion of promoting doctors who had dosed and dosed for forty years in the same old way, ought to be discarded, and we ought to call in to our relief the best medical talent of the country."

Now we are by no means opposed to reforms in any department where reforms are required, nor would we countenance, for a moment, any such manifest violation of the plain principles of sanitary science as is alleged of the hospital at Alexandria. But it strikes us that no man is justified in awakening suspicion of inhuman carelessness to the comfort of the sick, against those who have all the controlling motives of interest, of reputation, and of duty to urge them to the proper performance of their labors, without first ascertaining the precise facts in the case. Rumor, with her thousand tongues of mischief, is not a safe basis for complaints so well calculated to strike the hearts of the people with terror, and to bring odium upon the Medical Department of the Army.

Had Senator Wilson personally visited the hospitals at Alexandria and at Washington, he would have found them, if the statements of those who profess to *know* are at all reliable, not perhaps entirely free from imperfection in some of their sanitary arrangements—for the soldier in the hospital does not entirely lose the identity of the citizen at home, and abuses are not always corrected in a moment—but he would have found them, in general, clean, comfortable, well provided with food, medicines, and delicacies for the sick; and that if the sick soldier suffers for bread, beef, soup, chickens, wines, etc., it is the fault of the surgeon in charge, and not of the Department itself.

So, also, had Senator Hale taken the trouble to visit the Medical Department, he would have found there a *few men*, venerable on account of their age and acquirements, none who looked older than himself, *many* who are young and in

the prime of life, and *none* who have not done far nobler and better service in their positions during this war than Mr. Hale in his comfortable seat in the Senate.

In regard to the condition of the troops, the statement of Rev. Mr. Weston, of Trinity Church, New York, and of an ex-surgeon of the English army, who have just visited them, that no army was ever so well provided for, bountifully fed, and in such good physical condition, gives a noble contradiction to these "reports" of "nobody in particular," upon which these charges in the Senate are founded. And the astonishing health of the army in a malarial region on the Potomac, and the small mortality in the hospital list, notoriously true as it is that most of their dead are sent to them in a dying condition, (most of them men who never should have been admitted into a regiment,) this astonishingly healthy condition ought certainly to give some proof of the efficiency of the medical staff, since no other staff, military or civil, does anything for the health of the troops. This grand and undeniable fact may well satisfy the public mind, and relieve the anxieties of the fathers and mothers, sisters and relatives, to whose hearts these most unjust insinuations have already carried many a pang.

#### EDITORIAL NOTES AND COMMENTS.

*The Ether Question.*—We have no design of reviving the dead controversy upon the ether question, or of introducing it, in any shape, into the columns of the REPORTER. We simply note the fact that a suit has been brought by W. T. G. Morton against the New York Eye Infirmary for an alleged infringement of his patent, granted November 12th, 1846, for the discovery of sulphuric ether as an anæsthetic agent, and that on the 30th ult. the case was tried before Judge Shipman, of the U. S. Circuit Court. Witnesses were introduced to show the value of ether to the profession, which was declared to be beyond computation. The defendant in this suit was one of the signers of an appeal to the public in behalf of Dr. Morton, to obtain for him a compensation for his discovery, he having, as was stated, abandoned his patent in deference to the wishes of the medical profession. Quite a large sum was raised for him in New York City, in Philadelphia, and in Boston. Now that his patent has expired by limitation, he sues one of the parties who aided him in obtaining funds, for an infringe-

ment of his patent in using the article. The validity of the patent was discussed before the court, and Judge Shipman, taking the same view of it which was taken by the Attorney-General of the United States, decided that the patent was void, and directed a verdict for the defendants. The question now goes to the Supreme Court for final adjudication.

*Pelvic Hæmatocele.*—At the meeting of the New York Academy of Medicine, held on the 5th instant, Dr. J. Byrne, of Brooklyn, read a paper on the interesting subject of pelvic hæmatocele, illustrating his views on the pathology and treatment of that malady by cases which have lately occurred in his private practice. The doctor took exception to some of the views of Nélaton, Trounseau, Voisin, and others, and made an able and complete resumé of the whole subject, receiving the flattering congratulations of the president and several members of the academy for his labors. The paper is soon to be published in the Transactions of the Academy.

*Hospital for Contagious Diseases.*—It is remarkable that among the large number of benevolent and charitable institutions for which Philadelphia is noted, there are not ample provisions made for the treatment of contagious diseases. The present hospital building for this purpose, on Islington Lane, consists merely of an ice-house floored over. It is not even plastered, and the accommodations are meager indeed. During the past year the deaths from small-pox in the city amounted to over seven hundred, a number which bespeaks the pressing want of more suitable arrangements for the proper care of those afflicted with this malady. We are glad that the attention of Councils is to be specially directed to this subject. Not only is a new hospital needed, but also more careful and thorough attention to the subject of vaccination. If the latter be properly attended to, less absolute necessity will exist for large hospital accommodations.

*The Illness of the Late Prince Albert.*—The English medical periodicals are demanding that an official report of the illness of the Prince shall be published by his medical attendants. In the absence of such reliable record of his case, there are many diverse reports in reference to the immediate cause of his death. It will be remem-

bered that only three days previously to his decease, it was officially announced that there were "no unfavorable symptoms." The London correspondent of a provincial paper says that "it is asserted that in all probability the Prince's life could have been saved had he obeyed the instructions of his physicians; but that he was extremely averse to stimulants—the grand remedy in such a case, sustaining the body while nature worked the cure—and that he positively refused to take them until the Wednesday before his death, when the illness had so completely prostrated him that it was too late."

*Surgeon-General Finlay.*—The attacks upon the Medical Department of the Army, and especially upon the distinguished surgeon who stands at its head, have attracted the notice of both the secular and religious press. From one of the latter class, *The Presbyterian*, of this city, we make the following extracts. After speaking of Surgeon Finlay as a man "of unblemished Christian character, incorruptible integrity, long and faithful service, and not perhaps surpassed in his professional skill," it says:—

"We have been surprised to learn that a clique of busy meddlers, not, we believe, of the medical profession, has been perseveringly engaged in assailing his reputation, and affecting his position, and as there was no hope of effecting their object by a manly and open impeachment, the attempt is artfully made to accomplish it by indirection. We understand that a bill has been framed, and placed in the hands of Senator Wilson, already known as an advocate of a bill for depriving our worthy chaplains of a competent support, in which such a reorganization of the Medical Bureau is contemplated as would retire Dr. Finlay from the post he so worthily occupies." \* \* \* "The community, which has been so devoted to the Government, and rendered it such substantial aid, should know whether one of the best and truest men in the army should be made the victim of male and female busy-bodies, to whom his religious character seems to be his chief objection. We mention no names at present, but may be compelled to do so, if this ungracious conspiracy is still persisted in."

*Loss of Horses at Sea.*—The *Scientific American*, in an article on the great mortality among our army horses, says that of 130 excellent horses sent from Boston to Ship Island, 68 were lost during the voyage, owing to the improper method of packing them on board. Their flimsy stalls broke down when the ship labored in the sea, and the animals were dashed from side to side, kicking and tramping one another to death.

## Correspondence.

## DOMESTIC CORRESPONDENCE.

Detroit, Feb. 12, 1862.

MESSRS. EDITORS:—I have been gratified in reading your article on the Sanitary Commission, published under date December 28th, 1861. It has been a question with me if this Commission has not done more hurt than good, especially in the recommendation of quinine as a prophylactic for intermittents. I must question the propriety of giving quinine in a perfect state of health for the purpose of preventing an ill effect from malaria. Those cases that have been reported as being benefited by the supposed prophylactic power of quinine, if theory or reason is good for anything, no doubt in such cases there existed an incipient form of disease—at least, were under the influence of malarial poison.

It was my privilege to spend a few weeks in our army—in Virginia, on Arlington Heights—last autumn. A number of cases of the form of disease that prevailed at that time came under my observation. Almost every case assumed, at first, an intermittent type of fever, attended with a congestive form of diarrhœa. I observed in the treatment quinine and opium were given liberally in combination—in many of these cases the fever assumed a continued form, with increased enteric symptoms. In this state of the disease they were removed from the army hospital tents to one of the hospitals in Washington or Georgetown, where they were treated for typhoid fever, as I was informed. A few cases were attended by myself. In all of these cases I prescribed opium with hydrarg. c. creta, sinapisms over the abdomen until the tenderness upon pressure was relieved, after which quinine was used with marked benefit. One of these patients had a relapse before I left; the symptoms were much severer than in the first attack, ten days or so previous. The surgeon of the regiment remarked, in examining, at the time of the relapse, that it was frequently the case that his patients had a relapse, and that this was one of the ordinary type, and that he would now have a course of typhoid fever, and there could be no escape. I prescribed for him, as at first, large doses of opium combined with mercurial chalk, aided with counter-irritants over the abdomen, until the congestive form of disease was subdued, after thirty-six to forty-eight hours' duration.

Quinine was then administered with the happiest effects. How much this Sanitary Report, in favor of the prophylactic effects of quinine, has contributed to this *doubtful* practice, to say the least, is not known. One thing is certain, so far as I could learn; our troops never had quinine given them unless on the sick list. The Sanitary Report would seem to recommend it for the well and healthy. I am fully convinced that a mild form of disease was converted into an acute form by the too early administration of quinine, after which they were treated at one of the hospitals in Washington or Georgetown for *typhoid fever—a polite and learned prognosis*. A quinine treatment was followed up, and some did live through it. How much the report emanating from the Sanitary Committee led to the abuse of this remedy, of course, is mere presumption to say. The duty of this Sanitary Commission falls naturally, it seems to the writer, on the Brigade Surgeon and the Commissary; if so, why not abolish the whole system as worse than useless? W. D. S.

## NEW YORK CORRESPONDENCE.

At a meeting of the surgical section of the New York Academy of Medicine, held December 27th, 1861, at the house of Professor James R. Wood, the discussion relative to Dr. George K. Smith's paper on "The Insertion of the Capsular Ligament of the Hip-joint and its relation to Intra-Capsular Fracture, etc.," was continued by Professor Alfred C. Post. He said that he appreciated highly the laborious and scientific investigations, the results of which Dr. Smith had presented to the section; but that he was not prepared, without further demonstration, to assent to all the conclusions therein arrived at. He thought that Dr. Smith's fifth proposition was founded on an error, or at least on a statement which had not yet been demonstrated to be a fact. It was as follows: The absorption by which the neck of the bone was shortened after fracture, was an event which preceded the union of the fragments. Dr. Post asserted that it appeared to him more probable that the union, in such cases, took place in the first instance, and that the interstitial absorption was a subsequent event. This view would seem to be supported by the fact that before union had taken place, the fragment connected with the head of the bone had a very imperfect supply of the veins or lymphatics through whose agency the absorption would be likely to occur. Now in order to demonstrate Dr. Smith's

proposition, Professor Post further remarked, that it would be necessary to present a series of preparations taken from patients who had survived intra-capsular fracture for variable but known periods antecedent to union, and to show that there was a progressive shortening of the neck before the occurrence of union. He also objected to the sixth, seventh, and eighth propositions, and said that the eighth was founded on the same error or unsustained hypothesis as each of the three preceding ones, namely, that the shortening of the neck by absorption precedes the union of the fragments by bony or fibrous tissue. Professor Post said, moreover, that the principal interest attached to Dr. Smith's paper appeared to him to be the demonstration that there is a considerable diversity in the extent of the portion of the cervix femoris which is included within the capsule in different subjects, and that the portions included within the capsules are equal on the two sides of the same subject; besides this, Dr. Smith had further declared that there is a considerable portion of the cervix intervening between the insertion of the capsule and the inter-trochanteric lines.

Professor Post next proposed a new classification of fractures of the cervix femoris, dividing them into two classes, viz., "fractures between the caput femoris and the inter-trochanteric lines, and fractures at the inter-trochanteric lines extending more or less into the shaft of the bone." He proposed to call the first class "intra-cervical," and the second class "extra-cervical." He expressed it as his opinion that these two classes of fractures would be found to correspond very nearly with those which have hitherto been described as "intra-capsular and extra-capsular." After proposing several methods to assist in the diagnosis of the different classes of these fractures, he concluded his remarks.

At a subsequent meeting Dr. George K. Smith replied, at length, to the objections made against his propositions by Prof. Post.

Dr. Smith acknowledged that the head of the bone was, to a great degree, deprived of veins by the fracture, and that it was, by the same accident, deprived of its arteries to a corresponding extent. After the fracture the head of the bone is supplied with blood by one, and, in some cases, two small arteries, which pass through the ligamentum teres to the head of the bone. The fragment of the neck attached to the head being thus imperfectly supplied with nutrition, he ar-

gued, would be absorbed with greater rapidity than the fragment attached to the shaft, (which, after the fracture, is abundantly supplied with blood,) provided that each fragment is furnished with a sufficient number of vessels to accomplish its absorption. While he freely admitted a preponderance of the veins of the femoral fragment over those of the fragment attached to the head, it must be remembered that absorption of the upper fragment, through the agency of veins, was not held in check by the antagonistic force of an abundant nutrition.

With regard to the supply of lymphatics to the head of the bone, Dr. Smith stated that the minute distribution of the lymphatic system was, as yet, imperfectly understood by anatomists; and cited authorities to prove that, while some authors state positively that bony tissue is supplied with lymphatics, others claim that they have not yet been discovered in bone; others, again, maintain that it is *doubtful* whether this tissue is supplied with lymphatics.

Dr. Smith asserted that further anatomical investigations were necessary before the opinion of Prof. Post could be admitted as a fact; that whatever the agency might be, by which the result was accomplished, absorption of the head and neck of the bone did actually occur, without any attempt at union of the fragments, and that the rapidity of the absorption was sometimes so great that nearly the whole of the neck had been known to be removed in less than a month. Occasionally the head of the bone was entirely removed by absorption; therefore he could see no physiological necessity for absorption of the neck to be preceded by bony union of the fragments. In proof of such absorption, he quoted from page 42, "Smith on Fractures," and also, as further evidence, the following proposition given by Prof. Post at the former meeting: "In intra-cervical fractures, whether bony union takes place or not, the cervix femoris becomes greatly shortened by interstitial absorption, and, after the lapse of several weeks or months, the limb may be shortened to the extent of two inches or more." Dr. Smith also remarked that it would be almost impossible to obtain such a series of preparations as Prof. Post had suggested might demonstrate a progressive absorption of the neck, before union of the fragments; for the specimens must be obtained immediately after union, or else Prof. Post would claim that the shortening by absorption did not occur till after the fragments were united.

Now as the specimens could not be examined till after the death of the patient, and it would seldom happen that a patient, whose vital powers were sufficient to secure bony union of a fracture of the neck of the femur, would die immediately afterward; that, even if the specimens could be obtained, they could not be expected to illustrate a regular, progressive absorption, since the rapidity of absorption was inversely proportionate to the abundance of the nutrient supply, which varied so greatly in different persons that, in some cases, the entire neck of the bone had been known to be removed in a few weeks or months, with no attempt at union; while, in other cases, as many years transpired with a portion of the neck still remaining, and the fragments ununited,—he thought that the theory of Prof. Post involved a most disastrous consequence, since parts newly formed are more readily removed by absorption than those of longer standing; and we are to expect that the callus, by which the fragments are united, will be first attacked, and that disunion will be the result long before the whole of the neck shall have been removed. Instances of the absorption of callus, and consequent disunion of the fragments, are found in Gross' Surgery. The new classification proposed by Prof. Post involved the vexed question of osseous union within the capsule in more obscurity than before, since an intra-cervical fracture, instead of "corresponding very nearly with an inter-capsular fracture," as stated by Prof. Post, might be either an intra-capsular fracture, an extra-capsular fracture, or a fracture partly within and partly without the capsule.

Dr. Post had stated that "in intra-cervical fractures bony union very nearly occurs." Numerous specimens had been exhibited, in which the line of union was either entirely without, or partly within and partly without the capsule; but Dr. Smith asserted that he had yet to see positive evidence of bony union entirely within the normal capsule. If, therefore, Prof. Post meant to be understood to say that bony union of intra-capsular fracture did occasionally occur, Dr. Smith thought that Dr. Post required us to admit as a fact that which surgeons had labored for fifty or one hundred years and failed to prove.

Dr. William R. Donaghe then followed; he thought that the shortening of the neck preceded the union of the fragments; that this shortening was mainly at the expense of the fragments attached to the shaft, and probably the fragments

attached to the head also suffered some loss. This most interesting discussion has been adjourned to another meeting. Anatomists alone can appreciate its value. Expect diversified intelligence in my next epistle. GOURMET.

SYPHILIS SUCCESSFULLY TREATED WITH PODOPHYLLIN.

Rochester, N. Y., Feb., 1862.

Mr. H., a native of Ireland, thirty-eight years of age, a blacksmith by trade, physically rather frail, especially for a man of his calling, very intemperate, and decidedly of a scrofulous diathesis, presented himself to me for advice the fore part of last October. He was then complaining of a very sore throat; swelling and tenderness of the submaxillary and inguinal glands; and a syphilitic eruption on the forehead, and hairy scalp. On examination, I found it to be a proper and severe case of secondary syphilis. It was making rapid progress in the throat, fauces, and nares; and his voice had the peculiar obstruction observable in acute angina. I at first applied a little mercurial ointment to the swollen glands, after which I used Lugol's solution, ditto, and prescribed an active purgative of calomel, as he was much constipated at the time, and gave him half a grain of podophyllin pills, one to be taken three times a day, also the Lugol's solution to be applied to the glands each night, until I again saw him.

In five or six days he again called, somewhat improved; the throat better; the swelling and sensitiveness of the glands gradually lessening; and the eruption of the scalp disappearing, and drying up; with a loosening of scabby, bran-like patches, bringing a quantity of the hair with them. I now prescribed the podophyllin in half-grain doses, as before, to be taken, however, but twice a day, morning and night, in connection with small doses of iodide of potassa, and an occasional cathartic.

About this time Mrs. H., his wife, came to me with a syphilitic bubo in the left groin. I adopted nearly the same course of treatment with her, with but the little variation necessary for the local treatment. The constitutional treatment was much the same, and with the same happy effect; she soon recovered.

I saw him from time to time, with but little variation in the treatment, and he rapidly recovered his health. It is unnecessary to enter into the minute details of the case; suffice it to say

that the podophyllin was the *staple* remedy used. The mercurials, as far as alterative results were concerned, were omitted. I saw him a short time since, enjoying, as he said, much better health than he had for some time previous to his illness. This was a bad case, and a bad stage of the disease, saying nothing of the unpromising constitution, for a basis to build upon. However, the treatment exceeded my most sanguine expectations, for I had not looked for this perfect *cure*, and so readily.

The active principle of the podophyllum peltatum, in small doses, undoubtedly acts as an alterative upon the system, and thus holds a specific relation to syphilis. It is decidedly safer than mercury as that is often used, and sometimes abused, and a few trials of the podophyllin will decide whether it be as efficacious; at all events, it is worth the trial.

W. M. FLEMING.

#### ARMY CORRESPONDENCE.

GENERAL HOSPITAL, Fort Monroe, Va., Feb., 1862.

GENTLEMEN:—During the month of December and January last, this hospital has had, on an average, 275 sick in its wards, a large proportion of which were admitted with rubeola, and suffered, as usual with adults, severe pulmonary irritation. About 30 cases of febris typhoides, almost every one of which had some pulmonary complication, and several sunk from pleuro-pneumonia and double pneumonia, none, almost, having any abdominal lesion of serious nature. Whereas, during the months of October and November, deaths occurring in this disease were in consequence of perforation of the intestine. There was admitted about 40 cases of mild remittent and continued forms of fever, and only 5 or 6 of the intermittent form.

Several cases of a very interesting character, namely, cerebro-spinal meningitis, were treated, but all died, with the exception of one, soon after admission. This one lingered for some weeks, and finally sunk from sudden increase of effusion in the ventricles. All these cases were examined after death, and extensive depositions of lymph were found in the cavity of the spinal arachnoid and over the medulla oblongata; and in one case, over the entire cerebrum and cerebellum. In one, the lateral ventricles were greatly enlarged and distended with sero-purulent fluid. The other cases presented no unusual enlargement of these cavities.

Three cases of general capillary bronchitis, and one of lobular pneumonia, which promised recovery, were carried off by pleuritis, which, at one time, seemed epidemic, attacking every one who had fever or any pulmonary affection in the house.

Variola made its appearance in the house; but a prompt removal to a distance from the fort prevented any spread of the disease. There is now only one case of the kind in the pest-house, and that came from a merchant vessel. Parotitis has been, and is quite prevalent among the contrabands, many of whom are laid up from the common metastasis. I have met with only one case occurring in a white person here.

Diphtheria has been in the house about two months, and during the last week two deaths from that disease have occurred.

There has been, on an average, 30 surgical cases in the ward, a majority of whom are returned prisoners from Richmond, where they had laid a long time, poorly fed and cared for. Those with amputated limbs mostly presented protruded exfoliating bones, and very few with good stumps.

Several cases of gunshot wounds of the humerus, among the Richmond prisoners, were in a bad condition, and interesting, from the fact of foreign bodies found in the medullary cavity, where they had laid a long time, giving rise to severe trouble. All did well, after the removal of the bullets, rags, and old bones.

One interesting case of gunshot of the head of the humerus is being fed up to a condition for resection.

Two cases of gunshot through the tarsus have done well without that alternative, although considerable caries of the bones at one time existed.

Two gunshot fractures of the femur, one in the upper third, and one through the trochanters, are interesting, on account of good union occurring in one in eight weeks, and in the other in five weeks, though discharge continues, and some small portions of exfoliated bone continue to escape from the wounds.

One case of amputation of the thigh, in the middle third, came to us from Richmond, with the remaining portion of the femur dead. He is doing well, and exhibits fourteen bayonet wounds in various parts of his body.

The attendants in the hospital are all soldiers. Eight very comfortable rooms are reserved for sick officers, and one hundred beds kept vacant,

for any emergency that may occur in this division.

I desire to call the attention of those interested to the use of the hypodermic syringe, with morphia, among wounded men on the field and in transportation. Men with fractures of the bones of the extremities bear movement with comparative comfort, even where the parts are not adjusted or secured; and the reduction of dislocation or fracture is effected with ease to the surgeon, and without suffering to the patient. It is a convenience to have a solution ready prepared which may be carried in the pocket with the instrument. It should be of definite strength—say morph. sulph. gr. j; aquæ destillatæ, gtt. xl. Twenty drops of which, or more, may be used at once. The syringe should be plunged deeply into the muscles, near the site of the injury, avoiding, of course, the track of great vessels.

During the last two years it has been my practice, when called to a case either of fracture or dislocation, to first perform this simple operation, and the adjustment has always been rendered easy and much less painful to the patient.

R. B. BONTÉCOU,

Brigade-Surgeon, in charge  
of General Hospital.

The *Cincinnati Lancet and Observer* has an army correspondent from "tother side of Mason and Dixon," who has been so fortunate as to receive the appointment of "post-surgeon" at one of the "closely guarded" fortresses specially appropriated for the reception of such as he. The doctor takes the matter very coolly, finding no fault with the restriction of his freedom, or with his quarters, but improves his leisure moments, as every medical man should, in giving utterance to his cogitations for the benefit of his fellow-practitioners who do not enjoy his opportunities for observation. Alluding to the importance of medical as well as surgical attainments to the surgeon in active service, he says:—

"If the appointing officers have made as judicious selections as the Confederates, there would be but little use for any other ammunition. The practice having been to commission fledglings, (favorites, of course,) while hundreds of eminent practical physicians are serving in the ranks as privates. If such has been the course of favoritism on your side of the line, I should think that there would be but little need of powder and lead to put a speedy end to the war. I see, though, that you have some excellent appointments; among whom are many of my classmates

of the Cleveland Medical College, prominent among whom is Dr. H. R. Cushing, of the 7th Ohio. I did not have the pleasure of speaking to him at 'Cross Lanes,' though in sight of his regiment at the time of the battle."

In reference to the diseases of camp, he further remarks:—

"The type of disease most prevalent in 'Dixie Camps' is a grave form of typhoid fever, induced more from the want of sanitary precaution than exposure of the soldiers; the camps and environs being public privies and cess-pools of filth and stench from decaying beef-heads, entrails, and other refuse of the camp. But as there is always a distinguished surgeon at the head of medical affairs in camp, who prides himself upon his cutting and picking capacities, such minor things as cleanliness in camp, and rational treatment of the unfortunate sufferers, are either carelessly or willfully overlooked."

We take pleasure in copying the following interesting communication from Dr. D. C. Peters, U. S. Surgeon at Fort Warren, which we find in a late number of the *Boston Medical and Surgical Journal*. It was addressed to his friend, Dr. Dale:—

FORT WARREN, BOSTON HARBOR, January, 1862.

"DEAR DOCTOR:—At your solicitation, I herewith inclose to you a table of diseases treated at this hospital during the months of November and December, 1861. The maladies enumerated in the accompanying list have occurred mostly among the prisoners of war brought from the South, and who consequently were unacclimated.

"It may, perhaps, be interesting for me to here make a few general remarks in connection with the table, as the result of my observation, in treating a body of men differing greatly both in physical and personal appearance. The dread at the approach of cold weather was universal among the prisoners, and I am not sure but that its onset was mentally a relief to them. Through various sources, but mainly through the charitably-disposed people of Boston and its vicinity, they are greatly indebted for a supply of warm clothing, and also for other solid comforts. Indeed, everything humanity could dictate has been done to make their imprisonment free from barbarity, and I know they have learned a lesson therefrom which will not soon be forgotten. The question may be asked, why, then, has sickness prevailed to such an extent among them? The answer can be readily given, by one who has observed their want of attention to the most ordinary rules of hygiene, and also their disinclination to take out-door exercise in the ample limits allowed them. In a measure, no doubt, their natural fear of cold weather has had some effect in keeping them housed. Certainly the cause does not rest either in their rations or their quarters, for no difference in these respects has

been permitted to exist between them and the regular soldiers acting as their guard.

"In recording the diseases incidental to these prisoners, care has been taken not to include mild cases, such as result from indigestion, tonsillitis, pharyngitis, and common colds, where simple remedies given once or twice produced permanent cures. In a majority of the fever patients, a malarious tendency, which they had transported from the South, could be readily detected. Its pernicious influence on the liver and spleen was too evident to escape observation. The most serious case of disease of the former organ which has yet come under my notice, was that of Lieutenant —, an officer captured at Hatteras. The patient was seized one night, after having retired, with obstinate vomiting; the material first ejected was ordinary chyle, which soon changed to bile, mingled more or less with mucus. There chanced to be in the same room an experienced physician, (also a prisoner,) who gave prompt attention to the sufferer, and in time succeeded in arresting the vomiting. The following day I saw the patient, and asked him to give me a history of his symptoms. He said 'that gradually, since his confinement, he had been growing ill, and had himself noticed that sometimes his skin was tinged yellow, but he regarded it as an ordinary case of jaundice, which he was accustomed to, and which heretofore he had removed by taking Epsom salts, but in this attack the medicine failed even to evacuate his bowels.'

"On examining the case, I found the pulse ranging between 90 and 100; its beat was regular and was not easily compressed. The tongue presented a deep-red tip and edges, while the papillæ of its middle portion were covered with a dry, thick, brownish coating. Pressure made by the hand over the right hypochondriac region revealed the fact that the lower margin of the liver protruded beyond its normal position, and at the same time this pressure caused the patient to wince. The skin was jaundiced, and to the touch it was unusually hot and dry. On inquiry, no satisfactory reply could be obtained in regard to the bowels, save the fact that they had been recently very irregular.

"In the commencement of the treatment of the case, a purgative dose of calomel, combined with pulv. jalap. comp., was given. The object of thoroughly opening the bowels having been attained, alterative doses of calomel and quinine were substituted. In addition to the above, a large blister was applied over the right side of the abdomen, and the diet was regulated. As the patient complained of great thirst, the effervescent mixture was given to allay it, and for the same purpose he was ordered to swallow occasionally small pieces of ice.

"Under this regimen and treatment the case progressed favorably for several days. Suddenly, and without any visible cause, the symptoms assumed a serious aspect, and gave reason for alarm. The pulse was greatly accelerated, and

of small volume, and this, together with the blanched surface and loss of strength, indicated rapid prostration. Desiring to give the patient all the medical light at my command, I called in two physicians who had seen extensive practice in the South. Although prisoners, they willingly came to the rescue, and together we proceeded to examine the case. The result of the consultation was, that we decided the disease to be bilious remittent fever, and that in every way it resembled that form of the malady which is seen in the South. It was further agreed, that though the malaria lurked in the system and might never have caused sickness at home, yet in changing climate it had been induced to make its appearance in this form of fever. The prognosis arrived at was unfavorable; still it was thought best to continue the calomel and quinine, give stimulants, and use every effort in the patient's behalf. In the course of a few hours the case passed beyond hope, as the pulse ceased at the wrist, the extremities became cold, suppression of the urine ensued, and, with unimpaired intellect, he sank and died.

"The inference, to my mind, drawn from this and other cases that have here come under my observation, is that a person in exchanging his native for another climate, may carry with him malaria which needs only an exciting cause, like a variation of temperature, to produce either fever or inflammation of some of the viscera.

"In glancing over the accompanying table of disease, it will be seen that there are recorded a considerable proportion of bronchial and pulmonary affections. The difference in this respect between the prisoners thus affected and the United States forces used as their guard, was not so marked as to draw attention. I must candidly confess that I anticipated more sickness from these affections than has yet occurred to the prisoners. It must be remembered that this island is exposed to furious gales from the ocean, and its northern latitude warrants the statement of its being extremely cold in winter, yet we see men brought from the South, confined on it, and not to a remarkable degree laboring under diseases of the chest.

"Medical writers have given the name of nostalgia to a species of melancholy to which prisoners are especially liable. In my limited experience I have found it a serious complication in slow fevers, and tending to cause cases of this kind to terminate fatally. It varies with the natural disposition of the individual, and it is modified by age. The young person, when suffering from this affection, is apt to give free vent to his feelings by weeping, and there are but few of the great human family who have not in early life felt its baneful influence. My attention was one day drawn to a boy prisoner, occupying one of the beds of the hospital, who, in addition to a slight remittent fever, was evidently undergoing great mental trouble. On inquiry, I ascertained the fact that day and night he was continually weeping, and he confessed to me he was longing

for his home. The only recourse left me was, to promise him that on recovery he would be exchanged, and, fortunately, I was enabled to carry out my obligation. The prisoners who have reached and passed puberty bear their sorrows with more manliness; yet, in many cases, disease softens their wonted courage, and the eye readily traces on their features unmistakable symptoms of melancholy.

"The following case exhibits how serious may be the results of nostalgia in middle life, viz.: a prisoner, one day, was brought to the hospital bordering on a state of collapse. He was pulseless, pale, emaciated, had cold extremities, was unable to speak, and nearly exhausted. The history of the case, as nearly as could be ascertained, was that the man had been recently captured in Virginia. He was described as being a quiet farmer at home, who had been taken from his plow and forced to serve in the ranks of the enemy. In his first engagement he was captured, and soon afterward, with others, was brought to this Fort for safe keeping. After his arrival he became melancholic, and refused to associate or even converse with his companions. By them he was neglected, and this tended to act on his mind to such a degree that finally he declined to eat sufficient food to sustain life. The man eventually became so weak from fasting that one day he fell down exhausted, and this so startled his fellow-prisoners that they concluded to bring him to the hospital. The expression the patient wore on his face, when admitted under my care, was that of intense dejection, such as is seldom seen except in asylums for the insane. On being placed in bed, brandy and carb. ammonia, together with beef-tea, were administered per rectum, as the patient had lost the power of deglutition. Under judicious treatment and nursing the functions of the body returned, so that in the course of three weeks he was able to walk about the ward by the aid of an assistant. During the slow progress of the convalescence, the patient complained of a continuous and dull pain in the forehead, which required and was relieved by a series of blisters applied to the nape of the neck. The most obstinate symptom in the treatment of the case was a persistency to constipation of the bowels; the milder cathartics were impotent, but when, at last, regular doses of croton oil were given, it was found they could be properly regulated. In this manner, with a due regard paid to building up the patient by tonics and a generous diet, he eventually regained his lost strength. On the other hand, it is to be regretted that his mind remains up to this day unbalanced, without presenting the least hope of future returning reason. Prison life affords little opportunity for agreeable recreation or associations, hence the present war must claim this man as one of its victims.

"The annexed table fairly exhibits the forms and the ratio of the diseases that prevailed in this garrison during the two months before named, but since that time nearly three hundred

prisoners have been exchanged, and as the remainder have become acclimated, their chances for health have measurably increased.

"D. C. PETERS,  
Assistant Surgeon U. S. A."

## NEWS AND MISCELLANY.

*Our New Office.*—Correspondents are requested to bear in mind that the office of the REPORTER has been removed to a more convenient and commodious location, at the N. E. cor. 7th and Sansom Streets.

Medical practitioners in the city, and particularly visiting strangers, are invited to call at the office. On the tables will be found the most recent medical publications, and American and foreign exchanges, and the assistant editor is in attendance during business hours of the day. Communications, books, plates, pathological specimens, apparatus, inventions, etc., will receive due attention and acknowledgment, if delivered at the office of the journal.

*Philadelphia Hospital.*—The clinical class of the Philadelphia Hospital, during the present winter, has exceeded in numbers that of any previous session. Notwithstanding the distance of the hospital from the colleges, and the inclemency of the weather, there has been a regular attendance; on some occasions overcrowding the amphitheater. The extraordinary resources of the hospital for furnishing the material for clinical teaching have been well illustrated. In the medical clinic, Drs. Ludlow and Da Costa have presented an array of cases which, in number, variety, and interest, could only be produced from such an immense hospital. In the surgical clinic, surgical pathology has been abundantly exhibited, and a number of capital operations have been performed by Dr. Gross and Dr. Agnew. The renewed interest in the clinic of this hospital is satisfactory evidence of the increasing attention to clinical instruction by medical students, and of the appreciation of the opportunities which, by the munificence of the governing board, have been established.

*Annual Report of the Board of Health.*—This document, an abstract of which only is before us, but which we hope to see, ere long, in full, possesses some items of interest. During 1861 the bounds of the consolidated city yielded 17,271 children. Of these 162 were twins, and six were born triplets. Among the white children who were born there were 745 more males than females; while among the blacks the rule was reversed, and the females outnumbered the males by fifteen.

Sixty years ago nine-tenths of the children born in the city first saw the light within the limits now covered by the Fifth and Sixth Wards. At the present time these wards are among the least prolific of any in the built up portions of the

city, and the very large proportion of incoming young Philadelphians are born far away from the banks, warehouses, and offices which occupy the sites of the dwellings of their grandfathers.

The most prolific month in the year was January, then comes March, and next in order is February. May and June are the least prolific of the months.

During the year there were 4417 marriages.

Of the whole number named, 2608 of the brides were born in the United States, 1592 in foreign lands, and of 217 no birthplace was returned. Of the grooms, 2473 were born in the United States, 1723 in other countries, and 221 not given. The largest number of females were between the ages of 20 and 25 years, 680 females and 659 males having entered into the holy bonds. There were two marriages of individuals who had passed threescore years and ten, and some sixteen who were upwards of 60.

The deaths during the year numbered 14,468, or one in 39 of the population, according to the census of 1860.

The largest number of deaths was in the Nineteenth Ward, 1085; the smallest number in the Twenty-second Ward, 248. The ratio of deaths to population was least in the Twenty-second Ward, where it was 1 in 69 of the population; the greatest in the Seventeenth Ward, 1 in 28.

Among other things, the report states that during the past year 132 complaints were made against filthy streets, alleys, sewers, etc., which is an increase of 68 over the year previous. This has been caused by the shameful neglect of parties whose duty it is to cleanse the public highways.

The total number of complaints of nuisances was 1473.

A compulsory law for vaccination is suggested, in view of the alarming indifference to the necessity of early vaccination of children still manifesting itself among all classes of society. The proportion of 615 deaths of children in a mortality list of 758 by small-pox, is corroborative of this assertion.

*Instincts of the lower order of Animals.*—In the *Atlantic Monthly*, in one of his lectures on natural history, Prof. Agassiz gives the following interesting evidence of instinct in one of the very lowest classes of animals:—

"This class includes animals of various degrees of complication of structure, from those with highly-developed organizations to the lowest worms that float like long threads in the water and hardly seem to be animals. Yet even these creatures, so low in the scale of life, are not devoid of some instincts, however dim, of feeling and affection. I remember a case in point that excited my own wonder at the time, and may not be uninteresting to my readers. A gentleman from Detroit had had the kindness to send me one of those long, thread-like worms (*gordius*) found often in brooks, and called horse-hairs by the common people. When I first received it it was coiled up in a close roll at the

bottom of the bottle, filled with fresh water, that contained it, and looked more like a little tangle of black sewing-silk than anything else. Wishing to unwind it, that I might examine its entire length, I placed it in a large china basin filled with water, and proceeded very gently to disentangle its coils, when I perceived that the animal had twisted itself around a bundle of its eggs, holding them fast in a close embrace. In the process of unwinding, the eggs dropped away and floated to a little distance. Having finally stretched it out to its full length—perhaps half a yard—I sat watching to see if this singular being, that looked like a long, black thread in the water, would give any signs of life. Almost immediately it moved toward the bundle of eggs, and, having reached it, began to sew itself through and through the little white mass, passing one end of its body through it and then returning to make another stitch, as it were, till the eggs were at last completely entangled again in an intricate net-work of coils. It seemed to me almost impossible that this care of offspring could be the result of any instinct of affection in a creature of so low an organization, and I again separated it from the eggs and placed them at a greater distance, when the same action was repeated. On trying the experiment a third time, the bundle of eggs had become loosened, and a few of them dropped off singly into the water. The efforts which the animal then made to recover the missing ones, winding itself round and round them, but failing to bring them into the fold with the rest, because they were too small, and evaded all efforts to secure them, when once parted from the first little compact mass, convinced me that there was a definite purpose in its attempts, and that even a being so low in the scale of animal existence has some dim consciousness of a relation to its offspring. I afterward unwound also the mass of eggs, which, when coiled up as I first saw it, made a roll of white substance about the size of a coffee-bean, and found that it consisted of a string of eggs measuring more than twelve feet in length, the eggs being held together by some gelatinous substance that cemented them and prevented them from falling apart. Cutting this string across, and placing a small section under the microscope, I counted on one surface of such a cut from seventy to seventy-five eggs; and estimating the entire number of eggs according to the number contained on such a surface, I found that there were not less than eight millions of eggs in the whole string. The fertility of these lower animals is truly amazing, and is no doubt a provision of nature against the many chances of destruction to which these germs, so delicate and often microscopically small, must be exposed. The higher we rise in the animal kingdom, the more limited do we find the number of progeny, and the care bestowed upon them by the parents is in proportion to this diminution."

*State Lunatic Hospital at Northampton.*—From the Sixth Annual Report of the Superintendent of this Institution, Dr. Wm. Henry Prince,

to the Board of Trustees, we learn that "at the close of the last year, there were in the hospital 315 patients, of whom 137 were males, and 178 were females. Since then 122 have been admitted, of whom 70 are males, and 52 are females. Seventy-five patients have been discharged during the year, of whom 43 are males, and 32 are females. Thirty have died; of these, 15 were males, and 15 were females. There are now, therefore, remaining under treatment, 332: 149 of these are males, and 183 are females. The whole number under treatment during the year is 437. We have now in the hospital 17 patients more than at the beginning of the year, and during this year the benefits of the institution have been extended to 37 persons more than in the year preceding."

*English Surgeons.*—M. Velpeau says "that surgeons in England have less of the physician in them than French surgeons; they are less accustomed than French surgeons to study the natural progress of diseases—trust less to the efforts of nature. Hence they are more full of action, and more adventurous in their proceedings, being always armed with the knife, which is with them the *ultima ratio* of art. In France, on the contrary, there has been no distinction between physician and surgeon for the last sixty years; both undergo the same examination, and obtain the same degree. But this is not so in England; there the surgeon is not a physician. Hence the boldness of English surgeons; and hence the adoption by them of operations which cannot be naturalized in France."—*Dublin Medical Press.*

*Société Universelle d'Ophthalmologie.*—We learn that Drs. Hays, Littell, and Joseph Pancoast, of this city, and Drs. Valentine Mott and Julius Hornberger, of New York, have been constituted the committee of the above society for these cities.

*American Journal of Ophthalmology.*—A new journal is soon to make its appearance at New York, with the above title, under the editorial management of Julius Hornberger, M.D., pupil of Dr. Graefe, and late assistant of Prof. Sichel, of Paris. It is to be devoted to ophthalmic medicine and surgery as a specialty, and to be published bi-monthly, at \$2 per annum.

*Professor Agassiz's Lectures.*—This eminent naturalist is lecturing this winter in Brooklyn. The lectures are delivered on Sunday evenings, under the auspices of the trustees of a fund of \$12,000, which was left by the late Augustus Graham, of Brooklyn, the interest of which is required to be expended in lectures "On the Power, Wisdom, and Goodness of God, as manifested in his Works." At the last lecture, which was delivered at the Academy of Music, the hall was crowded. The course is free to the public.

*Training of a Gymnast.*—Dr. Windship gives one of the weekly papers the following account of his habits: "In order to keep myself in good trim, physically, for instance, I have to be in the open air a certain time during the day, to inhale

a given quantity of purest oxygen; or I go and set my blood in motion by lifting as near to a ton weight as I dare venture. The principle which I profess to have deduced from my experiments in testing the extent of human strength—experiments which, I believe, are new with me, for I can find none similar on record—is simply this: *the increase of strength, normally developed and exerted, is the increase of health.*

"Wine and all fermented liquors are ruled out from my bill of fare: from what experience I have had with them, I am certain that their ultimate, if not immediate effect, has generally been to diminish my strength. I have tested this fully and repeatedly. My wildest dissipation in drinking is in a bumper of fresh milk.

"It is a great error in a gymnast to give himself more exercise than is good for him, rather than neglect an opportunity of making a display. The constant endeavor of the gymnast should be to *avoid excess.* I expect within a year to lift with comparative safety a weight of *three thousand pounds*; but when I accomplish the feat for the first time, it will be on the day immediately succeeding that on which I shall lift two thousand nine hundred and ninety-eight. If, therefore, I strain myself in the maximum effort I ever intend to make, I shall do so only to that extent which it is reasonable to attribute to the influence of two poor pounds. My rule is this: strengthen your body by cautiously lifting a gradually increased weight, until you are strong enough to be well—then let well enough alone."

Dr. Windship also says that he eats animal food once a day, sleeps eight hours out of every twenty-four, and invariably sleeps with the windows of his apartment open to such an extent as to expose him to a draught of the outer air.

*Eight Children at a Birth.*—The statement under this head, published in a recent number of the *REPORTER*, turns out to be a decided "sell." A letter from Dr. N. B. Tyler, who resides within twelve miles of her residence, and who has made himself acquainted with the circumstances, says that Mrs. Bradley "is a medium-sized woman; has been married about six years, and has *never had a child in her life.*" The story, he suggests, probably originated in the ill will of neighbors, and was first published in Cleveland, Ohio.

*A New Cure.*—A dispensing chemist has recently had presented to him a prescription for an embrocation, written by a London physician, in which the principal ingredient is: "Ex. *boa constrictor*, gr. iv," to be dissolved in glycerin and water. This singular compound is directed to be rubbed into the chest, three times a day, as a remedy for phthisis.—*Dublin Medical Press.*

*Dr. Dewitt C. Peters*, lately in charge of the hospital at Fort Warren, has been ordered to report at Fort Pickens. He was taken prisoner by the Confederates at the surrender of the U. S. forces under Gen. Twiggs in Texas, a year or more ago, released upon his parole, and now exchanged. He is in the regular service as surgeon.

*Death of Surgeon Bell.*—We regret to announce the death of Brigade-Surgeon Luther V. Bell, of Massachusetts. He was acting Division-Surgeon of Hooker's Division on the Potomac, and died at the hospital, over which he was in charge, on the 12th inst. He was a man highly esteemed for his professional attainments, and stood deservedly high as a surgeon.

*Chance for a "Brigade Surgeon."*—We print the following as among the curiosities of the day. We find it in a New York daily: "A physician or his widow having a New York Medical Diploma, for which they have no use, can dispose of the same immediately, by addressing Cash."

*Military Hospital.*—At Mound City, six miles up the Ohio River from Cairo, is the largest military hospital in the United States, largest in capacity by four hundred, when completed. Its capacity is, in a few days, to be one thousand patients. The hospital is, in most respects, a model. Occupying a block of large brick stores, three stories high, the dividing walls of which are pierced for doors, with spacious kitchen, laundry, wash-room, etc. below, and extensive enough to allow the distribution of patients, sick with the same disease, into separate wards, viz.: the measles ward, the erysipelas ward, the wards for the wounded, the convalescent, etc., it exhibits a degree of system deserving of great praise. It is under the care of Brigade Surgeon E. C. Franklin, and Assistant Surgeons Dunning and Thompson. The Sisters of Charity have charge of the Dietetic and Linen Departments, and one is appointed to the care of each ward.

*Books and Pamphlets received.*—Guthrie's *Surgey of War*; from J. B. Lippincott & Co., publishers, Philada. *Border Lines of Knowledge*, by O. W. Holmes, M.D.; from Ticknor & Fields, publishers, Boston. *Mistakes of Educated Men*; from J. S. Carrigue, publisher, Philadelphia. *Health: Five Lay Sermons to the Working People*, by John Brown, M.D.; Carter & Brothers, New York. *The Pyrophosphate of Iron*, by Dr. E. N. Chapman, of New York; from the author.

*Amputation of the Cervix Uteri.*—This little pamphlet gives the favorable results of amputation of the cervix uteri in the several cases which have occurred in the author's practice, Dr. J. Marion Sims, of New York. The operation was first performed by Lisfranc, for what he termed incipient carcinoma, but which later investigations have demonstrated to be chronic inflammation, with induration and hypertrophy. Dr. Sims claims to have given the operation a wider range of application to disease of that organ, and made it simpler and safer. The cases related give strong presumptive evidence in its favor.

*Jefferson Medical College.*—The catalogue of this institution for the session of 1861-62 exhibits the names of 238 matriculants, the largest proportion of which are from the State of Pennsylvania.

Dr. D. B. Cliffe, of Franklin, Tenn., Brigade-Surgeon to Gen Zollicoffer's army, is among the prisoners taken by the Federal forces at the battle of Somerset, Kentucky. He claims to be a Union man, and has never taken the oath of allegiance to the Southern Confederacy. He was discharged on his parole of honor.

The committee on public health in New York City have decided to provide special conveyances to the hospitals for parties afflicted with infectious diseases, thus avoiding danger to the public health from the practice of conveying them in public hacks.

The *Times* utters congratulations upon the fact that the process of street-cleaning in New York has actually commenced, and hopes it may continue. We would be pleased to announce the same fact in this city. But political discussions and salt controversies will not accomplish the object, else our streets long ere this would have been as clean as they are now filthy.

We regret to learn that our friend Dr. H. G. Cox, the widely-known Professor in the New York Medical College, lately met with a severe accident by slipping upon the side-walk, dislocating his left ankle and fracturing the fibula. He was returning from a visit to one of his patients.

*Poor-house indicted.*—The Grand Jury of Hudson County, N. J., have published their presentment against the public poor-house of that county. They say:

"The state of the poor-house has been shown to be dirty and filthy in the extreme. Numbers of the paupers were huddled together indiscriminately in the same room—both sexes, and white and colored.

"Three children of the tender ages of three, five, and eight years, were sent to the poor-house during the last summer, and remained there for nine weeks without a change of clothing, and when reclaimed by their parents, were incrustated with scabs and covered with lice.

"Some of the paupers were not furnished with a change of garments more than once a year, and wore their clothes until they dropped off. At one time last summer, one old pail was the only convenience used there for drawing and carrying water. The fences were down, the buildings dilapidated, and the condition of the men melancholy in the extreme."

*New Military Hospital at Hilton Head, S. C.*—The correspondent of the *New York World* gives the following gratifying information respecting the provision which is making for our numerous sick soldiers at Port Royal: "The Hospital building approaches completion. The order to get the material was taken to New York by the Atlantic on her last trip, and during the time that she remained in port every plank, beam, and joist, to be used in its construction, was prepared, and fitted together. A salubrious site has been chosen, and in a week or two our sick soldiers will be provided with proper accommodations.

The building will form a hollow square of 325 feet in length from angle to angle. The main floor will be elevated three feet above the ground, and the height of the ceiling will be fifteen feet. Spacious corridors will be attached to the main building, for the purpose of affording exercise and recreation to the convalescing patients. It is intended to accommodate 300 persons comfortably, allowing ten square feet to each person; but, in case of emergency, double that number could be provided for."

**Naval Medical Appointments.**—The following are the appointments recently made by the Naval Medical Board, arranged in the order of merit as determined by the Board, with the name of State from which appointed, and the medical school from which each candidate graduated:—

Robert T. Edes, Mass., Harv. Univ.; John D. Murphy, N. Y., Univ. N. Y.; Edgar Holden, N. J., Col. P. & Surg., N. Y.; R. E. Van Gieson, N. J., do.; Thos. C. Walton, N. Y., McGill Col., Montreal; Benj. H. Kidder, Mass., Long Island Med. Col.; Lewis Zinsin, N. Y., Heidelberg Univ.; G. H. E. Baumgartner, Mo., St. Louis Med. Col.; John Homans, Jr., Mass., Harv. Univ.; John H. Clark, N. H., do.; Greenville S. Slough, Pa., Jeff. Med. Col.; Saml. R. Foreman, N. J., Col. P. & Surg., N. Y.; Wm. B. Gibson, Mass., Harv. Univ.; Geo. W. Woods, Mass., Univ. Virg.; Adolph A. Hoeling, Pa., Univ. Penn.; James J. Allingham, N. Y., Col. P. & Surg., N. Y.; Charles E. Stedman, Mass., Harv. Univ.; Wm. F. Tevey, N. Y., Univ. N. Y.; C. J. S. Wells, Vt., Univ. Vt.; Charles J. Hubbard, Ohio, Harv. Univ.; Wm. K. Van Keypair, N. J., Univ. N. Y.; Joseph Hugg, N. J., Jeff. Med. Col.; F. B. A. Lewis, N. Y., Harv. Univ.; Wm. Brown Mann, N. Y., Buffalo Univ.; Saml. W. Abbott, Mass., Harv. Univ.; Luther M. Lyon, Pa., N. Y. Med. Col.; Wm. S. Fort, N. J., Univ. Penn.; Charles H. Giberson, Vt., Univ. Vt.; Charles H. Perry, R. I., Univ. Penn.; Thomas Hilland, N. H., Dartmouth Med. Col.; Daniel M. Skinner, N. J., Univ. N. Y.; D. K. Bannon, Pa., Univ. Penn.; David T. Ricketts, Md., Univ. Md.; Thos. L. Patrick, Md., Univ. Md.; Joseph A. Babier, Mass., Harv. Univ.; Saml. N. Brayton, Mass., Col. P. & Surg., N. Y.; Edw. C. Vermelen, N. J., do.; Wm. T. Plant, N. Y., Univ. Mich.; Wm. Chalmers, N. Y., Col. P. & Surg., N. Y.; Charles H. White, Mass., Harv. Univ.; George T. Shipley, Mass., do.; Isaac H. Hazelton, N. H., do.; James H. Mears, Pa., Univ. Penn.; Benj. F. Pierce, Me., Harv. Univ.; Newton H. Adams, N. Y., Albany Med. Col.; Edward Kursner, Md., Univ. N. Y.; Stephen H. Clarke, N. Y., do.; Charles Carter, N. Y., Col. P. & Surg., N. Y.; Thomas N. Penrose, Pa., Univ. Penn.; J. Henry Gunning, N. Y., Univ. N. Y.; Edward A. Pierson, N. J., Col. P. & Surg., N. Y.; Watson C. Hall, N. Y., Geneva Med. Col.; George R. Brush, N. Y., Col. P. & Surg., N. Y.; Heber Smith, N. Y., do.; Edward D. Payne, Pa., Jeff. Med. Col.; Edward K. Dodge, Pa., Phil. Med. Col.; Ira A. Bragg, Mass., Harv. Univ.; George D. Storme, N. Y., Buffalo Univ.; John D. Ackley, Pa., Univ. Penn. The following reported after the vacancies were filled as above; they will be appointed as vacancies occur: Edward S. Olcott, Ky., Univ. N. Y.; John T. Luck, Iowa, Harvard University.

**Rainsford Island Hospital, Boston Harbor.**—From the published report of the superintendent, we learn that during the four months following June 1, 1861, when the present superintendent entered upon his duties, there were admitted into the hospital 230 patients, which, with the 158 already there, make the whole number treated 388. Discharged during the four months, 196; died, 27; remaining September 30th, 165. Of the 388 patients, 150 were born in the United States, and 238 in foreign countries. The largest number of deaths from any one disease was 8, by consumption.

**The Butler Hospital for the Insane, Providence, R. I.**—The last annual report of this institution shows that on the 31st of December, 1860, there were in the house 127 patients—68 males and 59 females. During the last year there were admitted 53—25 males and 28 females—

making a total under treatment of 180. There were discharged during the year 45, and on the 31st of December, 1861, there remained 135. Dr. Ray, the superintendent and physician, gives very few statistical details, but his report is an unusually valuable and interesting one.

At Fortress Monroe, during the month of December, there were taken sick 2783, of whom 32 were sent to the General Hospital for treatment; 2087 were returned to duty; 25 received furlough; 74 were discharged from service; 27 died; and there remained 288 sick and 653 convalescent.

**Dr. Ira. Russel**, Surgeon of the Massachusetts Eleventh, has been promoted to the position of Brigade Surgeon. Dr. Russel is regarded as an excellent officer, and his promotion is highly complimentary.

Sixty-four deaths occurred at the hospitals and camps near Washington during the last week.

**Dr. F. W. Kelley**, the newly appointed Surgeon of the Vermont Seventh, is a graduate of the Burlington Medical College in 1860, and formerly resided in Alabama.

**Charles J. S. Wells**, a graduate of the same Medical College, as well as the University of Vermont, has been appointed Assistant Surgeon in the Navy.

**Tents vs. Barracks.**—It is a question which is the most healthy and comfortable for troops in camp, barracks or tents. What the experience in general may be we know not, but in the case of the two regiments now in camp in Vermont, the tents seem to be best adapted to the purpose. The 8th Regiment, camped in Brattleboro', is supplied with barracks, and the 7th, in camp at Rutland, occupies for the most part tents, which the men prefer to sleep in when the two are placed side by side, and the choice is given them. There are twice as many men in hospital at Brattleboro' as at Rutland.

**Mortality of Towns in Connecticut.**—The *Connecticut Courant* gives the following registration returns from several places in the State, for the year 1861: New London, births, 210—males, 94; females, 114; sex not stated, 2. Marriages, 90. In Windham, 118 births, 53 marriages, and 60 deaths. In Norwich, the number of marriages was 167; births, 407; deaths, 233. The number of births in Bristol is reported at 42; marriages, 63; deaths, 55. The deaths in Danbury were 118. Of those who died, 10 were 70 years old, 8 were 80, 7 were 90, and 3 were 100. Number of births in Bridgeport, 519; of marriages, 93; deaths, 257.

*The British-American Journal* commences its third volume with its usual attractive original matter and fair appearance; but, on account of the "times," reduced in size. After repeated attempts and failures to establish a medical journal in the British-American colonies, we hope that the above excellent periodical will be sustained.

The death of Surgeon F. S. Weller, of the 9th New Jersey Regiment, is a sad event. He was drowned off Cape Hatteras, while bravely endeavoring to assist some of his comrades in distress. His remains arrived in this city on the 10th inst. They were taken in charge by a special committee of the New Jersey Legislature, carried to Trenton, where they lay in state till Wednesday, and from thence to Paterson for interment. Such honors are due to those who peril their lives in the service of their country.

Dr. A. W. Woodhull, Assistant Surgeon of the Fifth, and formerly of Newark, has been appointed Surgeon of the Ninth, in the place of Surgeon Weller, deceased, and has accepted the appointment.

Edward Bradley, M.D., of New York, has been appointed Surgeon of Col. Daniel Williams' Independent Infantry Regiment, now in camp near Jersey City, N. J.

Prof. G. C. E. Weber, of Cleveland, has been appointed Surgeon-General of Ohio.

Dr. R. H. Johnson, of Cincinnati, Ohio, has received the appointment of Brigade Surgeon.

The Ohio Medical and Surgical Journal has again made its appearance after a brief suspense. It is now a bi-monthly, and is under the editorial control of the faculty of Starling Medical College.

Castleton (Vt.) Medical College.—The trustees of Castleton (Vt.) Medical College, in consequence of the disturbed state of the political and business interests of the country, have deemed it expedient to dispense with the usual course of spring lectures the present year.

There has been but one suspension of the lecture course previous to this, since the college was founded, (in 1838,) and for a similar reason; the State and country then suffering from the effects of the financial revulsion of 1837.

On the other hand, the Medical College of Ohio advertise an "extra regular session," to commence March 12th and continue till July. They are induced to adopt this course "by the great demand for medical men in the army."

Dr. Philip M. Senderling, of Jersey City, has been appointed, by Governor Olden, Assistant Surgeon of the 1st Regiment New Jersey Volunteers, in General Kearney's brigade, now encamped at Camp Seminary, Va.

We are pleased to notice that a bill making certain needed reforms in the Medical Department of the army, which has the sanction of the Surgeon-general and the medical staff generally, is soon to be reported by the appropriate committees of both branches of Congress.

The introduction of homœopathic surgeons, as such, and the establishment of hospitals where patients are to be treated under that system, meets with no favor from the committee before whom the subject was presented and urged.

Do not fail to read the Publishers' notices on the cover.

## MARRIED.

HOLDEN—HEDDEN.—At the residence of the bride's father, on the 6th inst., by the Rev. John Crowell, Dr. Edgar Holden, U.S.N., of Roseville, to Kate, daughter of Jotham Hedden, Esq., of East Orange.

LINTON—KLINE.—At Frankford, on the 7th inst., by Rev. Wm. M. Combs, Herman B. Linton, M.D., of Philadelphia, Assistant-Surgeon 71st Regt., P. V., to Miss Eliza Kline, of Jenkintown, Montgomery County, Pa.

MONTGOMERY—BROUGH.—On Thursday, the 6th of February, by the Rev. S. J. Nicolls, John Montgomery, M.D., of Chambersburg, Franklin Co., Pa., to Miss Kate A., youngest daughter of P. Brough, Esq., of the same place.

RICHARDSON—RANNEY.—In West Brattleboro', Vt., January 15th, by Rev. D. H. Ranney, Dr. J. H. Richardson, of Chesterfield, Mass., to Miss Lizzie S. Ranney, daughter of the officiating clergyman.

## DIED.

HASSELL.—At Bridgetown, Barbadoes, on Sunday, January 12th, at the Albion Hotel, Eben Hassell, M.D., of New York, aged 30 years.

MONSON.—In New York, on Friday, Feb. 7th, David Daggett Monson, son of Alfred S. Monson, M.D., of New Haven, Conn., aged 25 years.

## Vital Statistics.

OF PHILADELPHIA, for the week ending Feb. 15, 1862.

Deaths—Males, 147; females, 139; boys, 87; girls, 77. Total, 286. Adults, 122; children, 164. Under two years of age, 108. Natives, 224; Foreign, 45. People of color, 11.

Among the causes of death, we notice—Apoplexy, 1; convulsions, 19; croup, 7; cholera infantum, 0; cholera morbus, 0; consumption, 49; diphtheria, 8; diarrhoea and dysentery, 5; dropy of head, 5; debility, 10; scarlet fever, 14; typhus and typhoid fever, 7; inflammation of brain, 7; of bowels, 2; of lungs, 23; bronchitis, 1; congestion of brain, 5; of lungs, 1; erysipelas, 4; whooping-cough, 0; marasmus, 5; small-pox, 13.

For week ending February 10, 1861.....301

" " February 15, 1862.....256

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 1866.

OF NEW YORK, for the week ending Feb. 10, 1862.

Deaths—Males, 213; females, 212; boys, 123; girls, 136. Total, 422. Adults, 163; children, 259. Under two years of age, 162. Natives, 312; Foreign, 110; Colored, 5.

Among the causes of death, we notice—Apoplexy, 5; infantile convulsions, 40; croup, 17; diphtheria, 9; scarlet fever, 33; typhus and typhoid fever, 10; cholera infantum, 0; cholera morbus, 0; consumption, 67; small-pox, 10; dropy of head, 16; infantile marasmus, 22; diarrhoea and dysentery, 4; inflammation of brain, 15; of bowels, 9; of lungs, 36; bronchitis, 5; congestion of brain, 6; of lungs, 8; erysipelas, 2; whooping-cough, 4; measles, 2; 251 deaths occurred from acute disease, and 26 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 1929.6.

OF BOSTON, for the week ending Feb. 8, 1862.

Deaths—Males, 35; females, 48. Total, 83. Natives, 64; Foreign, 19.

Among the causes of death, we notice—Phthisis, 13; cholera infantum, 0; croup, 4; scarlet fever, 4; pneumonia, 7; variola, 0; dysentery, 1; typhus fever, 1; diphtheria, 2; whooping-cough, 1; convulsions, 4.

Population of Boston, 1860, 177,902. Average corrected to increased population. 88-66.

OF PROVIDENCE, R. I., for January, 1862.

Deaths—Males, 37; females, 33. Total, 72. Under two years of age, 17. Natives, 62; Foreign, 20; Colored, 1.

Among the causes of death, we notice—Consumption, 11; convulsions, 1; croup, 5; debility, 1; diarrhoea, 1; diphtheria, 3; fever, 2; heart disease, 5; whooping-cough, 1; inflammation of lungs, 6; congestion of lungs, 3; scarlet fever, 1; marasmus, 1; small-pox, 1.

Dr. Snow reports three cases of unmodified small-pox, in individuals who had been unsuccessfully vaccinated; none in those who had been. The number of births in Providence during 1861 was 1725. Males, 909; females, 789.

The proportion of males in 1861 was remarkably large, viz., 118-6 males to each 100 females. In 1860, there were more females than males. The proportion for seven years, 1854 to 1860 inclusive, was 105-7 males to 100 females.